



Teen & Young Adult Therapy

WWW.TAYATMPLS.COM

Parent/Guardian Intake Form

Date: _____

Child/Adolescent's Name: _____ Age: _____ Date of Birth: _____

Main purpose for contacting Tayat Counseling (please give a brief summary):

(check one) biological step foster legal guardian other _____

Parent's Name: _____ Occupation: _____

Address: _____ (H) _____

(C) _____ (W) _____ (e-mail) _____

(check one) biological step foster legal guardian other _____

Parent's Name: _____ Occupation: _____

Address: _____ (H) _____

(C) _____ (W) _____ (e-mail) _____

(check one) biological step foster legal guardian other _____

Parent's Name: _____ Occupation: _____

Address: _____ (H) _____

(C) _____ (W) _____ (e-mail) _____

(check one) biological step foster legal guardian other _____

Parent's Name: _____ Occupation: _____

Address: _____ (H) _____

(C) _____ (W) _____ (e-mail) _____

Parent's relationship: Married ___ Divorced ___ Never Married ___ Committed Partners ___

State of Relationship _____

Who has physical custody? _____ Legal Custody? _____

Adolescent lives with which parents: Both equally: _____ Primarily with: _____

Explain:

Siblings: (check one)

Name	Age	Biological	Adopted	Step	Foster	Lives with You?

If adopted, please note significant aspects of the adoption:

What birth family information was/is available?:

Medical Information

Name of Child's Physician: _____ Phone:# _____
Name of Clinic: _____
Date and Reason of Last Physical Exam _____

Current Medication(s)

Name	Dosage	Prescriber/Clinic	Date(s)

**If medication(s) not taken regularly/correctly, please explain:

Previous Medication(s)

Name	Dosage	Prescriber/Clinic	Date(s)

Previous Therapist(s)

Name/Clinic	Date	Comment(s)

Previous Hospitalizations, Partial Hospitalizations, Day Treatments, Chemical Dependency Treatments, etc.

Name/Clinic/Facility	Date	Comment(s)

Current medical problem(s):

Any childhood/developmental concerns:

What things are important to address with your child in therapy?

What do you hope your child gets out of therapy?

What are the strengths of your child?

What methods have you used to discipline your child? Note whether or not effective:

Has your child ever experienced physical abuse? If yes, explain and note whether or not it was reported to a mandated reporter (teacher, therapist, doctor, etc.) and/or authorities:

Has your child ever experienced sexual abuse? If yes, explain and note whether or not it was reported to a mandated reporter (teacher, therapist, doctor, etc.) and/or authorities:

Has your child ever experienced psychological/emotional abuse? (e.g., verbal abuse and constant criticism, intimidation, manipulation, refusal to ever be pleased). If yes, explain and note whether or not it was reported to a mandated reporter (teacher, therapist, doctor, etc.) and/or authorities:

Has your child ever experienced neglect by a caregiver? If yes, explain and note whether or not it was reported to a mandated reporter (teacher, therapist, doctor, etc.) and/or authorities:

Do you have any concerns related to suicide for your child? (e.g., threats, notes, attempts, self-harm):

Has your child ever talked about or physically hurt an animal or another person?

Are there areas of concern about your child's school experience?

What are the stressors in your child's life? i.e., family death, illness, financial issues, divorce, change in school, social issues, etc.

Would doing family therapy be helpful in addition to your child's individual therapy? How? What issues would YOU address in family therapy?

Is there any other information you would like to share?

Person Completing Form (please print): _____

Signature _____ Date _____