Terri L. Gonzales, Ph.D., LPC
Preston Place Counseling
12700 Preston Road, Suite 150
Dallas TX 75230
(214) 702-6572

CHILD INTAKE FORM

Your Name:_____ Date :_____

Relationship to Child: _____

Address_____

City: _____ State: _____ Zip Code: _____

Telephone:Hm._____Wk._____C._____

Is it ok for me to contact you at this address and telephone number(s)? ☐ Yes ☐ No

_____

Child's Information

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

School: _____ Grade: _____

Who referred you?_____

Reason for referral:

_____

_____

_____

_____

_____

Medical/Mental Health History

Current or Any Previous Diagnosis?

_____

_____

_____

Medications Used:

_____

_____

_____

Primary Care Physician: _____

Psychiatrist: _____

Other Medical Professional: _____

Has your child ever been seen by a mental health professional for any type of counseling? Yes___ No____

If yes, please list the name(s) of the health care provider, dates seen, and reason for treatment:

_____ _____

Name Date

Reason for treatment: _____

_____ _____

Name Date

_____ _____

Name: Date

Has your child ever experienced any trauma (i.e. loss of a parent or sibling, abuse, neglect, surgery, major accident, etc?)

Yes ____ No ____ If Yes, please explain: _____

_____

Has anyone in his/her family ever been diagnosed with any of the following?

☐ Depression ☐ Anxiety ☐ Bipolar ☐ Alcohol/Substance Abuse ☐ Personality Disorder ☐ ADD/ADHD

☐ Schizophrenia ☐ Panic Disorder ☐ Obsessive Compulsive Disorder ☐ Post Traumatic Stress Disorder

☐ Other _____

<u>Family Information</u>

Mother's name: _____

Date of Birth: _____

Occupation: _____

Father's name: _____

Date of Birth: _____

Occupation: _____

☐ Married ☐ Separated ☐ Divorced

Step Parents:

_____

_____

Siblings:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

_____
Parent/Legal Guardian Name (printed)

_____ _____
Signature Date

Credit Policy

Charges for services are due and payable at the time of your visit. For your convenience we do accept Mastercard, Visa, Discover, and American Express. Missed appointments or cancellations made less than 24 hours in advance will be charged at the regular session rate. If for some reason you are unable to pay the full charge at your visit, we will work with you to make satisfactory arrangements.