
INTAKE FORM: CHILD AND/OR FAMILY THERAPY

Thank you for taking the time to complete this form on behalf of your child. Please fill in what you can — we will explore the rest together. Your information is confidential and used only to support your child's care.

Date of Referral (yyyy-mon-dd): _____

How did you hear about Emotional Wellness Therapy?

Parent/Guardian Information

Name: _____

Pronouns (optional): _____

Address: _____

Postal Code: _____

Cell Phone: _____

Email: _____

Your relationship to the child: _____

Are there cultural, spiritual, or identity-related factors you would like me to consider in supporting your child or family?

Are there any current safety concerns for your child or family that you would like me to be aware of?

Other Parent/Guardian (if applicable)

Name: _____

Pronouns (optional): _____

Address: _____

Postal Code: _____

Cell Phone: _____

Email: _____

Their relationship to the child: _____

Relationship Status (check one):

Single Married Separated Divorced Widowed Other: _____

Child Information

Child's Name: _____

Pronouns (optional): _____

Gender: () Female () Male () Other: _____

Birth Date (yyyy-mon-dd): _____

Age: _____

School: _____

Grade: _____

Family Doctor/Pediatrician/Psychiatrist:

Current Medications (if applicable):

Family Information

Children's names and ages (indicate half- or step- if applicable):

- Child #1: _____ Age: _____
- Child #2: _____ Age: _____
- Child #3: _____ Age: _____
- Child #4: _____ Age: _____

Who currently lives in the home?

What do you feel you are doing well as a parent or family right now?

Clinical Issues I Support

(Please check any that feel relevant for your child or your family)

- () Anxiety, worry, and school-related stress
- () Depression, sadness, or emotional withdrawal
- () Emotional overwhelm, big feelings, or dysregulation
- () Trauma, attachment wounds, or difficult past experiences
- () Peer challenges, friendship concerns, or social anxiety
- () Behavioural concerns or challenges with impulse control

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- () ADHD, attention difficulties, or executive-function struggles
 - () Parent-child conflict or communication difficulties
 - () Family conflict, transitions, or changes in routines
 - () Parenting stress, co-parenting challenges, or blended family adjustment
 - () Identity, self-esteem, or confidence concerns
 - () Grief, loss, or major life changes
 - () Emotional safety, boundaries, and conflict resolution

Your Family's Story

What brings your child and/or family to counselling at this time? How long has this been going on?

How is this affecting your child's daily life (school, friendships, behaviour, emotions)?

How is this affecting your family (parenting, relationships, routines, stress levels)?

Have there been any significant stressors or life events in the past 6 months?

What have you tried so far to support your child or family? What helped, even a little?

Has your child or family received counselling or other services in the past?
(If yes, please include when, with whom, and the outcome.)

What do you see as your child's strengths? What do you appreciate most about your family?

What are your main goals for therapy? How will you know things are improving?

Thank you for connecting with Emotional Wellness Therapy. I am honoured to support your child and your family.