

**Hope's Road Counseling Services
Parent Intake Form**

PERSONAL Information:

Your Name _____ Birth Date _____

Address _____

Home phone _____ Cell _____

Work phone _____

Your child was referred by: _____

Employer _____

Position _____

Education (last year completed or degree)

Current Marital Status:

_____ Never married _____ Engaged _____ Married
_____ Separated _____ Divorced _____ Widowed

In case of emergency contact _____ Relationship _____

Your child's name _____

Birthdate _____

School _____ Grade _____

Marriage and Family Information:

Spouse _____ Birth Date _____ Date of

Marriage _____

Employer _____

Occupation _____

Education (last year completed or degree)

List your children:

Name _____ M/F Age: ____ Living ___ Deceased _____

Name _____ M/F Age: ____ Living ___ Deceased _____

Name _____ M/F Age: ____ Living ___ Deceased _____

Name _____ M/F Age: ____ Living ___ Deceased _____

If you have been married before or had children from earlier relationships, please fill out the following information:

Information about you:

Former spouse's first name _____

Reason for separation: Death ____ Divorce ____

Married from Month/Yr. _____ To Month/Yr. _____

Children:

Name _____ M/F Age: ____ Living with: _____

Name _____ M/F Age: ____ Living with: _____ Name

_____ M/F Age: ____ Living with: _____

Information about your spouse:

Former spouse's first name _____

Reason for separation: Death ____ Divorce ____

Married from Month/Yr. _____ To Month/Yr. _____

Children:

Name _____ M/F Age: ____ Living with: _____

Name _____ M/F Age: ____ Living with: _____ Name

_____ M/F Age: ____ Living with: _____

Your Child's Health:

(please answer accordingly for the child who will be receiving counseling)

Is your child healthy? _____ Does your child have any chronic illnesses (for example, asthma or diabetes) _____

If yes, what have they been diagnosed with?

Current medications

Name of physician

Phone _____

Your Child's Emotions:

Has your child ever had a **severe** emotional upset? _____

If yes, please explain (including date of upset)

Has your child ever seen a psychiatrist or counselor? _____

If yes, please explain (including dates of service)

Name of previous counselor _____

How would you currently describe your child?

What has led you to seek counseling for your child?

What have you already tried to do about this?

What are your expectations for counseling for your child?
