

Vicki J. Cathcart, LLC

C&C Counseling Associates

364 South Pine Street, Suite B-240, Spartanburg, SC 29302

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CHILD/ADOLESCENT INTAKE

Date _____

Client No. _____

Name of Parent/Guardian with Legal Custody _____

General Information

Client's full name and names of family members living in the household:

Client Name/s	Date of Birth/s	Family Role/s	Social Security Number/s

Street Address (physical address): _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different than street address): _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers:

			Yes or No
Home:		May we leave a message here?	
Work:		May we leave a message here?	
Cell:		May we leave a message here?	
Other:		May we leave a message here?	

★**Emergency Contact:** Name: _____ Relationship: _____ Phone Number: _____

I give permission for this person to be contacted by Clear Perspectives Family Therapy in case of an emergency. **Initials:** _____

Educational Information of Child/Adolescent:

Current Grade Level _____

School _____

School Contact _____

Other: _____

How did you find me? (please circle all that apply) Online Search Yellow Pages Word of Mouth Direct Referral

Referred by: _____

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Client History

Date _____

Client No. _____

Client Name: _____ D.O.B.: _____

1. Physical Health History

Primary Doctor: _____ Telephone No. _____

Recent illness _____

Surgery _____

Other illness/conditions/disorders _____

Medication Log:

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Prescribed by</u>	<u>Effective?</u>

Does child take medication regularly and as prescribed? Yes _____ No _____

2. Mental Health History

Have child ever been to therapy before? ___ No ___ Yes

Where _____ When _____

Is there a family history of mental health issues? ___ No ___ Yes, explain:

3. Legal History

Is treatment ordered by DSS? ___ No ___ Yes _____

Caseworker's Name _____ Phone # _____

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CONSENT FOR TREATMENT OF MINOR CHILDREN ATTENDING THERAPY

Any child under the age of 18 who comes to therapy must have his or her parent(s) or legal guardian(s) sign this consent for treatment form.

Please be advised that generally children under the age of 18 do not legally have a right to confidentiality from their parents/legal guardians. This means that parents have a legal right to their children's files. However, I want to stress that a very important part of what makes therapy work is when clients (i.e., children) know that the information they choose to share will be kept private. Therapy is often a safe place for children to process things in their lives that are scary or uncomfortable to share with the adults who take care of them. If children feel that they can expect a reasonable amount of privacy in the therapy room, they are much more likely to make progress.

I ask that parents respect this and not ask children questions about what happened in their therapy sessions but rather let children bring it up if they choose to. It is also important that both you (the parent/guardian) and the child understand the *limits of confidentiality*. This means that in the event the child shares something during the course of therapy that is necessary for the parent to know (such as a safety issue), I will let the child know that it must be shared and the parent/guardian must be informed about the issue. Also, all of the legal limits of confidentiality apply.

I give consent for my child, _____, to come to therapy and understand that I am one of the most important parts of his/her "treatment team".

I have read the above paragraphs. I understand that my child's therapist welcomes my questions, observations, suggestions, and active participation. I understand, however, that children, especially adolescents, also need a sense of privacy and confidentiality. For this reason, information is shared with parents/guardians only when it is deemed therapeutically appropriate.

I confirm that I have legal custody of this child and have the right to authorize treatment for this minor at *C&C Counseling Associates, by Vicki J. Cathcart, LLC*.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

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Child and Adolescent Addendum

(Completed by/with Parent/Guardian)

Mark unknown items with N/A.

BIRTH AND DEVELOPMENTAL HISTORY

1. Any problems or concerns during pregnancy? (i.e., infections, trauma, exposure to alcohol, tobacco, or other drugs, etc.):

2. Any complications during birth? (trauma, oxygen deprivation, birth defects, premature, postmature, birth weight, etc.):

3. Developmental Milestones: ____ within normal limits ____ delayed ____ early

4. Any problems with fine motor skills? ____ no ____ yes

5. Any problems with gross motor skills? ____ no ____ yes

6. Any problems with speech/language? ____ no ____ yes

7. Is the child adopted? ____ no ____ yes (at what age?) _____

(does the child know?) _____

8. Describe early relationship of each significant caretaker with child (bonding & attachment):

Mother: _____

Father: _____

Other: (): _____

9. Have client or siblings ever been removed from the home?

____ no ____ yes: type of placement age, length of time: _____

10. Has client ever run away from home or been gone more than 12 hours without permission?

____ yes ____ no

11. Are child's parents separated or divorced? ____ no ____ yes: Date of split: _____

Custody issues? ____ no ____ yes

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Frequency of contact with non-custodial parent: _____

Are step-parents involved? ____ no ____ yes: What is the nature of their relationship with the child? _____

12. Is either parent incarcerated? ____ no ____ yes: _____

13. If child has been separated from siblings, where are siblings living? _____

14. Have there ever been foster children/step-siblings/other children in the home for extended periods of time? ____ yes ____ no

15. Who does the child depend on for support with hard times? _____

PEERS AND SCHOOL

16. Relationship status (significant other?) and sexual orientation: _____

17. Is peer group: ____ older ____ younger ____ same age ____ mixed

18. Do parents know peer group? ____ no ____ yes Approve of peer group? ____ no ____ yes

19. What school does child attend? _____

20. Who is the guidance counselor? _____

21. Main teacher or important teachers: _____

22. What is the highest grade level achieved and date?: _____

23. Has child repeated a grade? ____ no ____ yes: _____ Grade

24. Has child's academic achievement level changed greatly? ____ no ____ yes: Starting when: _____

Any other school concerns and date concerns began?:

25. Has child ever been suspended? ____ no ____ yes: No. of times _____

Primary reason _____

26. Has child ever been suspended from bus?: ____ no ____ yes: No. of times _____

Primary reason _____

27. Has child ever been expelled? ____ no ____ yes: No. of times _____

Primary reason _____

28. Is truancy an issue? ____ no ____ yes: No. of unexcused absences this/last semester _____

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29. Has child ever been identified as requiring special education services?

____ no ____ yes: ____ behavioral ____ other health impairment
____ learning disabled: ____ reading ____ math ____ language ____ other

Severity: ____ regular ____ resource ____ self-contained

30. Any sexual abuse? ____ unknown ____ no ____ suspected

____ yes: dates: _____ age: ____ relationship to abuser: _____

31. Any physical abuse? ____ unknown ____ no ____ suspected

____ yes: dates: _____ age: ____ relationship to abuser: _____

32. Any dating violence/rape? ____ unknown ____ no ____ suspected ____ yes: age: _____

HOME/LIFESTYLE/HOBBIES

33. History of significant losses and age at time of event (frequent moves, loss of family or close friends, deaths, loss of pet, _____)

34. Is child engage in extracurricular activities? _____

35. What are child's strengths? _____

36. Does your child watch TV? ____ no ____ yes: # of hours per day: _____

37. Does your child play video games? ____ no ____ yes: # of hours per day _____

38. Does your child surf the internet? ____ no ____ yes: # of hours per day _____

Supervised _____ Unsupervised _____

39. What are your child's favorite things to play with? _____

40. Does your child prefer to play: ____ outside ____ inside ____ both

41. How well does your child play with others: ____ very well ____ sometimes well ____ not well

42. Does your child prefer: ____ a lot of friends ____ a few close friends

Other concerns not included above:

Your goals for your child in therapy: