PIER VIEW COUNSELING
Phone: 760-576-5822
www.pierviewcounseling.com

Confidential Client Intake Form- *Minor Child*

CHILD'S Name:
Today's Date:
Date of Birth:
Age: **Grade Level:**
Driver's License # (if applicable):
Home Address:
City/State/Zip:
Parent/Guardian Cell Phone: ( ) [ ] Preferred Method of Contact [ ] Okay to leave VM/ Text
Home Phone: ( ) [ ]Preferred Method Of Contact: [ ] Okay to leave msg
Parent/Guardian Email Address:
Parent/Guardian(s): **Name:** **Relationship to child:** **Address:**

Ethnicity:
[] African-American [] Asian [] More than one race [] American/Alaskan Indian
[] Latino [] Native [] Hawaiian []Pacific Islander [] Anglo [] Other
Religion: [] Catholic [] Buddhist [] Protestant [] Hindu [] Jewish [] Christian [] Islamic
[] Other:
Sexual Orientation: [] Bisexual [] Lesbian/Gay [] Heterosexual [] Transgender

PIER VIEW COUNSELING
Phone: 760-576-5822
www.pierviewcounseling.com

Person to be billed for fees:
Name:
Address (Check box if same as above):
City/State/Zip:
Home Phone: ( )
Cell Phone: ( )

Who currently lives with CHILD (who lives in your home)
First Name:
Age:
Relationship:
Child's Health History
Primary Care Physician's Name:
Date of last Appointment:
Phone:
Address:
Please list any serious illness, surgeries, and medical problems that child has ever had:
Please list any medications (prescribed and over-the-counter) that child is currently taking:
Medication Name(s):
Dosage(s):

For What Reasons(s)?

Has CHILD ever seen a therapist or Psychiatrist? [ ] No [ ] Yes
Therapist's Name:
Date of Last Appointment:
Phone:
Address:
Psychiatrists Name:
Date of Last Appointment:
Phone:
Address:

Legal History: [] No [] Yes
Has child ever been arrested? [] No [] Yes
If yes, for what reason?

CHILD'S Drug and Alcohol History [] No [] Yes
Age first used alcohol?
Age first used drugs?

What is CHILD'S pattern of involvement with the following (how often and how much):
Television/Internet:
Other addictive activity:
Does CHILD exercise and how often?
History of sleeping problems?

Please describe:

Briefly explain why you are seeking therapy at this time:

List any major changes or life events that have occurred in the last two years:

Is there any additional information that would be important to know about your child?