

**70x7 Ministries**  
**Bonnie C. Wetzel, MSW, LCSW**

**Child/Adolescent Intake Form**

\*\*\*\*\*

Today's date: \_\_\_\_\_

**A. Identification**

Name of Child/Adolescent: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_ Education (grade): \_\_\_\_\_ Present School: \_\_\_\_\_

\_\_\_\_\_ Religion (optional) \_\_\_\_\_

Home street address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Evening phone: \_\_\_\_\_

**Parent or Guardian:**

Your Name(s): \_\_\_\_\_

Your relationship to the Client: \_\_\_\_\_

Home street address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

I give permission for Bonnie C. Wetzel to contact physician/teacher/etc. regarding treatment issues, symptoms, behaviors or other information necessary for the treatment of my child/adolescent.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**70x7 Ministries**  
**Bonnie C. Wetzel, MSW, LCSW**

**B. Your child/adolescent's medical care:** From whom or where do you get your medical care?

Clinic/doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If you enter therapy with me, may I tell your child/adolescent's medical doctor so that he or she can be fully informed and we can coordinate your treatment?  Yes  No

List all medications the child/adolescent is currently taking, along with the reason:

Medicine	Reason
_____	_____
_____	_____
_____	_____

**C. Chief Complaint(s):**

Presenting Problems: (check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Very unhappy         | <input type="checkbox"/> Impulsive            | <input type="checkbox"/> Fire setting     |
| <input type="checkbox"/> Irritable            | <input type="checkbox"/> Stubborn             | <input type="checkbox"/> Stealing         |
| <input type="checkbox"/> Temper outbursts     | <input type="checkbox"/> Disobedient          | <input type="checkbox"/> Lying            |
| <input type="checkbox"/> Daydreaming          | <input type="checkbox"/> Mean to others       | <input type="checkbox"/> Infantile        |
| <input type="checkbox"/> Fearful              | <input type="checkbox"/> Destructive          | <input type="checkbox"/> Clumsy           |
| <input type="checkbox"/> Overactive           | <input type="checkbox"/> Trouble with the Law | <input type="checkbox"/> Bed Wetting      |
| <input type="checkbox"/> Running away         | <input type="checkbox"/> Soiled Pants         | <input type="checkbox"/> Self-Mutilating  |
| <input type="checkbox"/> Eating problems      | <input type="checkbox"/> Sleeping problems    | <input type="checkbox"/> Slow             |
| <input type="checkbox"/> Short attention span | <input type="checkbox"/> Head banging         | <input type="checkbox"/> Distractible     |
| <input type="checkbox"/> Rocking              | <input type="checkbox"/> Sickly               | <input type="checkbox"/> Lacks initiative |
| <input type="checkbox"/> Shy                  | <input type="checkbox"/> Drugs Use            | <input type="checkbox"/> Undependable     |
| <input type="checkbox"/> Strange behavior     | <input type="checkbox"/> Alcohol use          | <input type="checkbox"/> Peer conflict    |
| <input type="checkbox"/> Strange thoughts     | <input type="checkbox"/> Suicide talk         | <input type="checkbox"/> Phobic           |
| <input type="checkbox"/> School Performance   | <input type="checkbox"/> Withdrawn            | <input type="checkbox"/> Sexual Trouble   |

Other:

Explain:

How long have these problems occurred? (number of weeks, months, years) \_\_\_\_\_

**70x7 Ministries**  
**Bonnie C. Wetzel, MSW, LCSW**

What happened that makes you seek help at this time? \_\_\_\_\_

What are your expectations of your child/adolescent (in general)? \_\_\_\_\_

What changes would you like to see in your child/adolescent? \_\_\_\_\_

What changes would you like to see in yourself? \_\_\_\_\_

**D. Living Arrangements:**

Number of moves in child's life _____	Places	Dates
	_____	_____
	_____	_____
	_____	_____

Does your child/adolescent share a room with anyone else?

If yes, with whom? \_\_\_\_\_

If no, how long has he/she had her own room? \_\_\_\_\_

Was your child/adolescent ever placed, boarded or lived away from the family?

If yes, please explain further:

**E. Family Stressors:**

What are the family stressors at the present time, if any? \_\_\_\_\_

**70x7 Ministries**  
**Bonnie C. Wetzel, MSW, LCSW**

**F. Siblings/Step-Siblings:**

<b>Name</b>	<b>Age</b>	<b>Sex</b>	<b>School or Occupation</b>	<b>Present Grade</b>	<b>Living at home?</b>	<b>Use of drugs or alcohol?</b>	<b>Treated for drug abuse?</b>

**G. Additional Parent Information:**

<b>Relative</b>	<b>Name</b>	<b>Current Age (Date of death if deceased)</b>	<b>Highest Education Level</b>	<b>Current Occupation</b>	<b>Prior Occupation if recently changed</b>
Mother					
Father					
Step-Mom					
Step-Dad					
Paternal Grandmother					
Paternal Grandmother					
Maternal Grandmother					
Maternal Grandmother					

**70x7 Ministries**  
**Bonnie C. Wetzel, MSW, LCSW**

Any other significant relatives in the child/adolescent's life that you feel should be noted?

**H. Religion/ Faith**

Your Religious Affiliation: \_\_\_\_\_ Church you attend: \_\_\_\_\_

Do you consider your faith/religion meaningful in your family's life currently? \_\_\_\_\_

**I. Please describe the reasons for seeking counseling? State your goals for counseling:**

---

---

---

---

---

---

---

---

**J. Please state what you have done to solve the problems/issues you mentioned in I above:**

---

---

---

---

---

---

---

---

**K. Have you ever received counseling before? \_\_\_\_\_**

If so, with whom, where, and how long ago? \_\_\_\_\_

---

---

**70x7 Ministries**  
**Bonnie C. Wetzel, MSW, LCSW**

---

---

What was helpful about it? \_\_\_\_\_

Unhelpful? \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

*Thank you for your trust. Please let me know if there is anything I can do to make your counseling experience more comfortable, pleasant and meaningful.*