

LIVINGSTON FAMILY CENTER
CHILD INTAKE INFORMATION

Date: _____

Legal Name: _____ Preferred Name: _____

Address: _____ City/Zip _____

Date of Birth: _____ Age: _____ Religion/Spiritual Preference _____

Gender Identity: Female Male Transgender Female/MTF Transgender Male/FTM Other _____

What pronoun does your child prefer that we use when talking about them? (Check all that apply)

She/her/hers He/him/his They/them/theirs Other: please specify: _____

Emergency contact name: _____ Relationship: _____

Address: _____ Phone _____

School: _____ Grade: _____

How is your child doing in school?

What is your description of your child's present need for services?

Client's Family Tree:

Relationship	Name	Age	Year Deceased (if applicable)	History of Mental Health	History of Substance Abuse
Mother					
Father					
Sister(s)					
Brother(s)					
Stepmother					
Stepfather					
Step sibling(s)					
Maternal Grandmother					
Maternal Grandfather					
Paternal Grandmother					
Paternal Grandfather					

Child's Medical History: _____

Physician's name: _____ Phone number: _____

Date of last check up _____ Any hospitalizations? Yes None

If yes, please explain: _____

Medications: _____

Allergies: _____

Accidents/Injuries: _____

Do you know or suspect that your child is using alcohol or mood alerting drugs? Please explain.

Any previous counseling or therapy? Please explain.

Do you have any sleep pattern concerns? If yes, please explain.

What stressful life events has your child experienced?. Please explain.

Is there anything additional you would like the therapist to know about your child? _____

Who has legal custody/guardianship of your child? _____

Mother's birth date _____ Religion/Spiritual Preference _____

Address _____ City/Zip _____

Best Phone Number: _____ Cell Home Work; Alternate Number: _____

Employer _____ Occupation _____

Father's birth date _____ Religion/Spiritual Preference _____

Address _____ City/Zip _____

Best Phone Number: _____ Cell Home Work; Alternate Number: _____

Employer _____ Occupation _____

Please sign the Consent for Treatment and Acknowledgement of Privacy Notice on the next page.