

Laura D. Fleming, MS, LPC

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BIOGRAPHICAL INFORMATION

Name _____

Address: _____

Street

City

Zip

Phone: _____

Cell

Date of Birth: _____ Age: _____

Person responsible for charges: Relationship to client: _____

Name: _____

Address:(if different from child) _____

Street

City.

State. Zip

Cell Phone: _____ Date of Birth _____

Yes, you may leave a message on the following phone numbers:

Signature

Date

If you wish to file an insurance claim, please complete the following

Insurance provider: _____

Insurance ID: _____

Group #: _____

Name of insured: _____

Date of Birth of insured: _____

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INTAKE FORM FOR ADOLESCENTS

The following background information is required to accurately assess the applicant. Please fill out completely. You may use the back of the form or additional sheets of paper if necessary to provide all pertinent information.

Full name of child to be assessed _____

Home:

Father's Name: _____ Age: _____

Mother's Name: _____ Age: _____

Guardian's Name: _____ Age: _____

Brother or sisters:

| Name | Age | Sex |
|------|-----|-----|
|------|-----|-----|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

With who does the applicant currently lives? _____

Does the child get along well with all members of the family? If not, please explain

Have there been any changes in the applicant's home environment during the school years? For example, moves, parental divorce or marriage, parental or sibling death, etc. Please list all environmental changes and dates:

Medical:

Was the pregnancy with this child normal? Yes / No

If No, what was unusual about the pregnancy?

Pregnancy was: Full Term Premature (early) Postmature (late)

If early or late, provide details:

Birth was: Vaginal / Cesarean, If by cesarean: planned or emergency?

How long did the baby stay in the hospital? _____

Did the baby require Neonatal Intensive Care (NICU) Yes / No

If yes, how long? _____ For what reason? _____

Developmentally did your child walk and talk at an appropriate age? Yes / No

If no, please provide details:

Has the applicant required speech, physical or occupational therapy? Yes / No

If yes, please provide dates and if therapy was successful.

Has the applicant had seizures? Yes / No If yes, when did they start?

_____ Altogether, how many seizures has the child had? _____

_____ Does the child still have seizures? _____ How often? _____

_____ Have all the seizures happened when the child had a high temperature? _____

Starting from birth and proceeding up to the present, list all diseases, chronic or severe illnesses, important accidents and injuries, surgeries, hospitalization, periods of loss of consciousness, convulsions/seizures, and any other medical condition your child has had:

| <u>Date presented</u> | <u>Illness/accident/incident/etc</u> | <u>Length of Stay/period of time problem</u> |
|-----------------------|--------------------------------------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Does the applicant currently take medication? Yes / No

If yes, list all medication:

| <u>Medicine medication</u> | <u>Dosage Taken</u> | <u>how often</u> | <u>Reason for</u> |
|----------------------------|---------------------|------------------|-------------------|
| _____ | _____ mg | _____ | _____ |
| _____ | _____ mg | _____ | _____ |
| _____ | _____ mg | _____ | _____ |
| _____ | _____ mg | _____ | _____ |

Who is your child's pediatrician? _____ Last visit? _____
 Other doctor's who care for your child _____ Reason _____
 Any concerns shared by the doctor? _____

Psychological:

Has your child previously been diagnosed with a learning difference i.e., ADHD, Aspergers Disorder, Dyslexia, etc? Yes / No
 If yes, what diagnosis was made? _____
 when was that diagnosis first made? _____
 who made the diagnosis? _____
 What treatments have been tried; please indicate success or failure of treatment?
 Medication: _____

Behavioral treatment: _____

Routine: What kind of physical exercise does your child get? _____
 Is your child involved in extra-curricular activities? _____
 How would you describe you child's energy level? _____
 How would you describe your child's eating habits? _____

How would you describe your child's sleep habits? _____
Bedtime _____ Wake-up Time _____ Hours of sleep on an average night _____

Has your child had any substance abuse problem? Yes No
If yes, give relevant details: _____

Has your child been arrested? Yes / No
If yes, please provide relevant details: _____

If you wish to provide the results of previous psychological, developmental or educational assessments, indicate when and by whom the assessment was performed and the results: _____

List all prior mental health professionals who have cared for your child:

| <u>Date</u> | <u>Name</u> | <u>Presenting Problem</u> | <u>Reason for Discontinuing</u> |
|-------------|-------------|---------------------------|---------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Education:

Current Grade in School: _____ Name of current/most recent school attended: _____

Please described in chronological order all schools attended beginning with preschool and ending with most recent school. Include home schooling and any grade repeated:

| | <u>Year(s)</u> | <u>Grade(s)</u> | <u>School</u> | <u>Reason for Changing School</u> |
|----|----------------|-----------------|---------------|-----------------------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ |

If your child has repeated a grade please explain the situation: _____

List most recent coursework and grades received. Please explain if these scores were inconsistent with past performance:

| <u>Course</u> | <u>Grade</u> | <u>Comments</u> |
|---------------|--------------|-----------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

Please describe any behavior problems with school personnel or other classmates, and any other details you believe are important. Please include dates and reasons for suspension, detention, etc.:

Has the applicant ever been assigned to Special Education courses? Yes / No. If yes, indicate the reason for the assignment and the years the applicant attended.

Why are you seeking counseling for your child?
