

New Client Intake Form

PARENT CLIENT

Audrey Fairchild, Ph.D.
Parent and Teen Coaching & Counseling
307 South "B" Street, #1
San Mateo, CA 94401

QuickTime™ and a
TIFF (LZW) decompressor
are needed to see this picture.

Instructions: Your personal information and signed consent to begin coaching or counseling is required and it is important to have this information on file. Please answer as many of these questions as you feel comfortable. Thank you for your response.

Initial Counseling / Coaching Intake Form

Name _____ Parent _____ Child _____

Address _____ City _____ Zip _____

Email address: _____

Is it ok to send you notes here? _____

Home Phone: _____ Cell Phone: _____

Birth date: _____ Gender: Male _____ Female _____

Counseling experience: (Have you had counseling before? If yes, for how long?) Reason(s)?

Who referred you to my practice?

Employment:

Education

If Client is a Minor, Name of Responsible Adult

Living situation: (*Who do you live with and what is your relationship to these people?*)

Name of Closest Friend/Relative _____ Phone _____

Address _____

City _____ State _____ Zip _____

MEDICAL

Do You Smoke? _____ How Much? _____

Do You Drink? _____ How Much? _____

Do You Take Drugs? _____ If yes, what kind? _____

How often: _____

Last Medical Examination

Are You Now Under a Doctor's Care?

If yes, Doctor's name: _____

Reason for Doctor's Care ? _____

Are You Taking Any Medication? If yes, what kind? _____

Reason for Medication: _____

Have You Ever Been Hospitalized for a Physical Illness? _____

Describe: _____

Have you ever been hospitalized for a Mental Illness, Personality Disorder, Anxiety Disorder, etc? Describe:

Any Previous Therapy/Counseling? _____

If Yes, Name and Phone Numbers of Therapists:

When and Number of Sessions: _____

Type of Therapy/Counseling: _____

What do you wish to achieve with therapy? _____

4 Child questions

Behavioral Excesses: What does your child currently do too often, too much, or at the wrong times that gets him/her in trouble? Please list all the behaviors you can think of.

Behavioral Deficits: What does your child fail to do as often as you would like, as much as you would like, or when you would like? Please list all the behaviors that you can think of.

Behavioral Assets: What does your child do that you like? What does he/she do that other people like?

Other Concerns: Do you have any other concerns about your child or your family that you have not mentioned yet?

The following are often associated with family stress or ongoing conflict, which show up as physical symptoms. Circle Any of the Following That May Apply to You:

- | | | | |
|----------------------|--------------------------------|-------------------------------|------------------|
| Headache | Home Conditions Bad | Don't Like Weekends/Vacations | Insomnia |
| Inferiority Feelings | Over-Eating | Always Tired | Allergy |
| Shy With People | Obsessions | Take Tranquilizers | Gambling |
| Dizziness | Unable To Have A Good Time | Can't Make Decisions | Recurrent Dreams |
| Feel Tense | Stomach Trouble | Always Sleepy | Asthma |
| Can't Make Friends | Depressed | Alcoholism | Job Problems |
| Fainting Spells | Always Worried About Something | Over-Ambitious | Nightmares |
| Feel Panicky | Bowel Disturbances | Unable To Relax | Can't Keep A Job |
| Afraid Of People | Suicidal Ideas | Dangerous Drugs | Hallucinations |
| No Appetite | | Financial Problems | Sexual Problems |
| Fears and Phobias | | | Sexual Confusion |

Please describe any other issues that are bothering you and that you would like to work on.

Upon my signature below, I hereby attest that all the information furnished is true and correct.

Signed _____ Dated _____

Parent / Child Agreement

We, _____
and _____
agree to be as honest as possible in our discussions as part
of our attempt to improve our relationship. This may mean
that difficult or embarrassing events may be discussed.

Sometimes things said in the course of coaching or
counseling may feel like they are too raw or sensitive to be
talked about outside of the coaching room. We agree to be
mindful that things said in the course of trying to heal our
relationship should not be repeated to anyone outside of the
session, or later, to inflict emotional hurt on the other person,
as this will just re-injure the wounds that are healing and
stop trust from growing.

We agree to acknowledge that the things said in the
sessions are not to gain unfair advantage of the other
person; that we will not attempt to bully or intimidate with our
words or gestures; that we will not attempt to manipulate
with guilt or shame with our words or actions; and that we
will speak from a courageous place of hope: that our words
are to inform another person about how we feel, and about
how we hope to heal our relationship with them, so that life
for all parties can be lighter, happier, more contented and
peaceful.

Signed: _____

Signed: _____

Witnessed: _____