



**BRIGHT SOUL**  
COUNSELING & WELLNESS  
FIND YOUR INNER LIGHT [AGAIN].

### **Client Intake Form - Child**

Today's Date \_\_\_\_\_

Client Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Parent/ Guardian Name & Relationship \_\_\_\_\_

Phone (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

Education \_\_\_\_\_

Past/ Current academic performance and/ or concerns

\_\_\_\_\_

Religious/ Spiritual background/ involvement \_\_\_\_\_

Hobbies/ Activities \_\_\_\_\_

#### *Family Information:*

Current living arrangement & family members' names/ ages:

\_\_\_\_\_

\_\_\_\_\_

Client's relationship with mother: Close \_\_\_ Somewhat close \_\_\_ Distant \_\_\_ Conflicted \_\_\_

Client's relationship with father: Close \_\_\_ Somewhat close \_\_\_ Distant \_\_\_ Conflicted \_\_\_

Client's relationship with siblings: Close \_\_\_ Somewhat close \_\_\_ Distant \_\_\_ Conflicted \_\_\_

How would you describe the family dynamic? \_\_\_\_\_

\_\_\_\_\_

Discipline concerns

\_\_\_\_\_



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*Therapeutic History:*

Has client participated in any therapy before? Y\_\_\_N\_\_\_ If yes, when? \_\_\_\_\_  
Reason/ Outcome \_\_\_\_\_

Is client currently seeing a psychiatrist, therapist or other helper? Y\_\_\_\_\_ N\_\_\_\_\_

Has client or a family member ever been hospitalized for mental or emotional illness?

Y\_\_\_\_\_ N\_\_\_\_\_ If yes, please explain \_\_\_\_\_

Client/ family substance abuse/ addiction history \_\_\_\_\_

Client/ family legal history (arrests, prison, DWI, etc.) \_\_\_\_\_

Client/ family trauma history \_\_\_\_\_

*Medical Information:*

Doctor's name and phone \_\_\_\_\_

Is client taking any medications? Y\_\_\_N\_\_\_ If so, what and why? \_\_\_\_\_

Medical concerns \_\_\_\_\_

Were milestones normal or delayed? \_\_\_\_\_ If delayed, please explain:

*Crisis Information:*

Is client having any current suicidal thoughts, feelings or actions? Y\_\_\_\_\_ N\_\_\_\_\_

If yes, explain \_\_\_\_\_



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Is client having any current homicidal or violent thoughts or feelings, or anger-control problems?

Y\_\_\_\_\_ N\_\_\_\_\_ If yes, explain

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Has client ever experienced any past suicidal or homicidal thoughts, feelings or actions?

Y\_\_\_\_\_ N\_\_\_\_\_ If yes, explain

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Has client been hospitalized for suicidal or aggressive behavior?

Y\_\_\_\_\_ N\_\_\_\_\_ If yes, explain

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How can I help? Please tell me in your own words what brings you/ client here today.

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What are client's two most important goals for therapy?

1.

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2.

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