

Patti Bear, Licensed Professional Counselor

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Intake Questionnaire – Child
(to age 17)

Child's Name:

Date:

Parent/guardian Name(s):

Address(es):

May I send mail?

Phone Number(s):

May I leave messages?

Child's household members (names and relationships):

Please briefly answer the following questions. I will ask for more detail when we meet, but if you need more room please feel free to use the other side of the page.

Why are you seeking counseling for your child at this time?

What are you hoping a counselor can do for your child?

Has your child seen a counselor before? If so, who and when?

Please describe your child's sleep habits:

Please describe your child's appetite and eating habits:

What does your child do for exercise?

What does your child do for fun or relaxation?

What medications does your child take, if any?