

Hope Family Guidance PLLC

1300 Dacy Lane Suite 235 Kyle Tx 78640



Parent/Guardian Intake Form

Parent/Guardian Name: _____

Client Name: _____ Birthdate: _____ Age: _____ Today's Date: _____

Reason for requesting therapy at this time?

Does your child attend school? If yes, where does your child attend school?

What grade is he/she in?

Has your child been diagnosed with a learning disability or require special education services?

What are your child's grades?

What are your child's strengths?

What do you believe are barriers to your child's success?

Has your child ever been physically, sexually and/or emotionally abused? If yes, please provide details:

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Has your child ever witnessed someone else being physically, sexually and/or emotionally abused? If yes, please describe:

How is your child disciplined for poor behavioral choices?

List all the people you live with, their relationship to your child, and how your child gets along with each person:

Does anyone in your household drink or use drugs? If yes, please describe

To your knowledge does your child drink or use drugs now or in the past? If yes, please describe

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To your knowledge is your child sexually active?



What do you think makes your child feel happy?

How does your child handle disappointment or being told no?

How does your child handle fear?

How does your child handle stress or agitation?

Does your child have any medical health concerns?

Does your child see any other mental health providers such as psychiatrist, psychologist, etc. If yes, please list below. For coordination of benefit, I may request permission to share information with these providers.

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Does your child take any medication? If yes, please list below

What are you hopes for therapy?

What are your fears regarding your child's current symptoms/concerns?

Please provide any additional information that you believe is relevant to the success of therapy: