



Great River Psychotherapy Parent Intake

Welcome to Great River Psychotherapy. We want to make the most of each appointment you have with us. One way of doing this is for you to write down some basic information in advance of your first appointment. Please fill out the following as completely and legibly as possible. This information is confidential. If you have concerns about the relevance of any information and wish to leave it out, please feel free to do so. Also, if you would rather talk about any of this in person instead, please do so at your appointment.

Your child's name: _____

Age: _____ Birthdate: _____ Birthplace: _____

S/he likes to be called: _____

Child's Gender _____

Your name and relationship to child: _____

Parents' Names: _____

Parents are: Single Married (to each other) Married (to other people) Partnered Separated
Divorced Widowed

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Home phone: _____ Daytime number: _____

Check preferred contact number- ok to leave a message? Yes/no

Child's grade and school: _____

Doctor: _____ Phone: _____

Who is in child's family?

Name	Relationship to child	Age	Live with full time	part time	don't live with

Please describe any significant current or past medical problems: _____

Please list any medications your child is currently taking. Include prescription and over-the-counter medications and the dosage of each. Please also list the provider who prescribes each medication.

Has your child had previous psychological care or counseling? Yes No

If yes, please give the name of the clinician(s), the months you saw them (e.g., Nov 06 - Feb 07), and the reason for the visits.

Has s/he ever been hospitalized? Yes No

If yes, please give the dates and reason: _____

In your own words, what brought you here today? Feel free to describe this in as much or as little detail as you wish. Use the back of the page if you like.
