



Rodgers Christian Counseling

Minor Intake Form

Name _____ Date of Birth: _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell _____

Parent's Work _____ Which of these is the best way to reach you? _____

Email Address: _____

Parent's email address: _____

Are your parents divorced? _____ How old were you? _____ Did they remarry? _____

Do you have any siblings? _____ If so, how many? _____ Where are you in the birth order? _____

Do you have a good support system? _____ Is your family part of your support system? _____

Please give the following information for each person that currently lives in your home, ***including yourself.***

Name	Age	Relationship to Self
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please also list any other people in your immediate family who may not be living in your house:

Name	Age	Relationship to Self
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal and Medical Information:

Are you currently taking any prescription medications? _____ Name of Medication _____

List any past or present medical issues: _____

List any secondary issues, (sleeplessness, constant worry, phobias) : _____

Date of Last Physical: _____

Note any significant events occurring at this time (trouble in school, death in family, divorce of parents): _____

List any emotional issues that are present (anger, anxiety, moodiness) : _____

Have you had thoughts of harming yourself or ending your life ? _____

Family History (please include **yourself** in this and specify **whom** it is in your family):

Alcoholism/Drug Abuse: _____

Depression, Manic/Depression, Schizophrenia: _____

Other mental illness: _____

Emotional, verbal, physical, sexual abuse: _____

Other significant childhood traumas: _____

Back Ground Information:

Where do you go to school? _____

Do you currently attend church? _____

Which one? _____ Are you in youth group? _____

Parents' Occupation? Father: _____ Mother: _____

Have you ever seen a therapist before? _____

Was it helpful and how? _____

What brings you here today? _____

If yes, please describe (how long ago;
yourself or others; did you have a plan): _____

Are your parents living? Him _____ Her _____