

Art for the Heart Counseling

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Specialized Group Intake Form, Child-Adolescent

Please provide the following information about your child:

Child's Name:	Nickname:
Birth Date:	Today's Date:
Ethnicity/Race:	Languages:
Address:	Phone:
Parent(s) names or primary guardian:	Parent(s) contact numbers: Home: Cell: Work:
In case of emergency, who may I contact on your behalf?	Name:
Phone number:	Relationship:
How did you hear about Art for the Heart Counseling?	Does your child enjoy art and creative expression?

School History

What school does your child attend?	Does your child enjoy school?
Current Grade:	Has your child ever repeated a grade? YES/ NO If so which one(s)_____
Favorite Subject:	Least Favorite Subject:
Does your child receive Special Education service? YES/NO	Is your child involved in after school activities? YES/ NO

Is your child in a gifted/talented/honors program? YES/ NO	Is there anything about school your child does not like? YES/ NO
Has your child experienced any of the following at school? (please circle all that apply) Fighting, suspension, lack of friends, gang influence, learning disabilities, incomplete homework, drug/alcohol, poor attendance, behavior problems, detention, poor grades	
Has your child been the victim of bullying or bullied other children? YES/ NO. If yes, please describe:	
Please, use the space to provide any other additional information regarding your child's education or developmental history that you find significant:	

Medical History:

Pediatrician's Name:	Phone:
Is child under the care of another medical specialist? YES/NO If yes, type of specialist _____	Phone:

Please list any chronic illness, disabilities, medical conditions that your child has been diagnosed with:

Illness/Disability:	Dates:

List all medications that your child is currently taking:

Medication:	Dosage:	Treating:

Group Participation

Briefly state your reason for wanting your child to participate in Specialized Group:
Does your child enjoy participating in group activities with peers?
Is your child able to give and receive information, follow directions, share, take turns?
How does you child express him/herself when frustrated, upset, irritated?
How would you describe your child's self-esteem?
Please list positive strengths of your child: (What do you like about your child? What do others like about your child?)
What goals do you wish child to accomplish during the group therapy process as a parent?

<p>Wherever possible, working with the parent/guardian is important to the treatment. Are you available to collaborate with therapist as needed? YES NO</p>

Family History:

Mother's Name		Father's Name:	
Occupation:		Occupation:	
Step-Mother?		Step Father?	
Who does your child currently live with?			
Names	Age	Relationship to child	Grade/Job
Who are your child's significant others NOT living with your child?			
Names	Age	Relationship to child	Grade/Job

<p>Are child's parents? (please circle one) Married Separated Divorced Widowed Not Married If parents divorced/separated please list dates:</p>
<p>Who in the family is your child closest to?</p>

What are some of the strengths of your family?

Is there anything else that you think would be important for me to know about your child, you, or your family prior to your child starting Specialized Group?