



Jayme Mahoney, LCMFT
Therapy Services
CONFIDENTIAL INTAKE

Client Name: _____

Grade: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Phone _____ Ok to leave confidential message on this phone?

Ethnicity: _____ Age: _____ Birth date: _____ [] Male [] Female

Parent Name: _____ Parent Name: _____

Current Living Situation: _____

Presenting Issues: _____

History of previous counseling? _____ If yes, please describe when, where & with whom:

Emergency contact: _____

Please list primary concerns or reason for pursuing counseling for your child/teen:

Please list current or past medical concerns or medications for child:

Please list academic standing, history of bullying and/or behavioral issues

Please list any notable family history of mental health and/or addictions:



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Are there any safety concerns?

What is your child/teens greatest strengths?

What do you hope to gain for your child/teen during course of therapy?

Notes:
