

Ushmita Nana

COUNSELLING PSYCHOLOGIST

MA Couns Psych (UJ), BSc Hons (UNISA), BSc (UNISA)

Practice Areas: Lenasia and Roodepoort
Phone Number: 071 685 4902
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HPCSA: PS 0134007
BHF : 0860020664537

INTAKE FORM FOR A MINOR

Biographical Information

Child's Full Name:.....

Home Language: Age.....

School:.....

Grade:.....

Parent (1)/Guardian(1) Name:

Parent (1)/Guardian(1) Name:

Are Both Parents Living?

If not, provide year of death:

Child's reaction to the death:

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.....

If both parents are living, parents' marital status:

If divorced or separated who do the children reside with?

Does the child have interaction with both parents?

Are the parents in a same-sex relationship?

If so, describe the child's response to the relationship:

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Presenting Circumstances

Reason for seeking therapy:

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What, if any, stressors is your child experiencing in the current life situation in terms of peer interaction, school, family, legal issues, etc?

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Has your child been in therapy before? If so, please provide further detail:

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Developmental History and Medical History

Where there any birth-related complications?

If so, please describe:

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Has your child had any problems with Eating, Sleeping or Separation?

If so, please describe:

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Is your child on any medication?

If so, please provide further detail:

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Has the child had any major medical issues such as chronic illness, injury, head trauma or surgery?

Y/N

If so, please describe:.....

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Family Information

Names, Gender and Ages of Siblings/Half Siblings:

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What is the child's relationship like with the siblings?

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What is the child's relationship like with the parents?

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Do any extended family members play a role in the child's life? Y/N

If yes, please elaborate:

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Have there been any deaths in the immediate family in the past 12 months? Y/N

If yes, please elaborate:

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Has there ever been any concerns relating to domestic violence, physical or sexual abuse in the family? Y/N

If yes, please elaborate:

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School Information

Name of School: Grade:

Describe any changes to school performance:

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Describe the child's relationship with peers and teachers:

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Elaborate on any instances of bullying:

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Personality

How would you describe your child?

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What are his/her strengths?

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What are his/her vulnerabilities?

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How do you think that others would describe your child?

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Social Circumstances

Who would you consider your friends support system i.e. friends, family, etc?

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How do you discipline your child?

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How effective is this discipline strategy?

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How does your child spend his/her leisure time?

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As a family, how do you spend leisure time?

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Does both parents work? Y/N

If so, full day or half day?

Traumatic Events

Has your child experienced anything that you consider to be traumatic at present or from their past?

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Other

Is there anything that has not been mentioned that you would like to add?

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