

Chris McKenna, MA, LMFT, LPCC  
Psychotherapy & Consultation

**Intake Form**

Client Information

Client Name:
School:
Grade:
Date of Birth:
Mother's Name:
Father's Name:
Address: Street:
City:
State and Zip Code:
Home Phone(s):
Office Phone(s):
Cell Phones(s):
Email(s):

Referred By (if any): \_\_\_\_\_

In case of emergency, I give authorization for treatment by a qualified doctor or any person qualified to give emergency treatment. I release Chris McKenna from any liability for injury that may arise.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Persons to be contacted in case parents cannot be reached:

Name:	Phone:
Name:	Phone:
<b>Emergency Information</b>	
Physician:	
Address:	
Phone:	

**Child Inventory**

1. Only Child: Yes \_\_\_ No \_\_\_  
Child's Siblings: Age: \_\_\_ Sex: \_\_\_ Full \_\_\_ Half \_\_\_ Step \_\_\_  
Age: \_\_\_ Sex: \_\_\_ Full \_\_\_ Half \_\_\_ Step \_\_\_  
Age: \_\_\_ Sex: \_\_\_ Full \_\_\_ Half \_\_\_ Step \_\_\_  
Age: \_\_\_ Sex: \_\_\_ Full \_\_\_ Half \_\_\_ Step \_\_\_

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2. This child lives:      With Both Parents: \_\_\_\_\_  
                                    With Single Parent: \_\_\_\_\_  
                                    With Mother and Stepfather: \_\_\_\_\_  
                                    With Father and Stepfather: \_\_\_\_\_
3. Please list any significant illness, accidents or hospitalizations, include frequency of occurrence and dates.

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4. Medical, Psychological and Educational Treatment:  
Medical: \_\_\_\_\_ with whom: \_\_\_\_\_ Dates: \_\_\_\_\_  
  
Psychotherapy: \_\_\_\_\_ with whom: \_\_\_\_\_ Dates: \_\_\_\_\_

5. Please briefly state the reasons for this child's current treatment:

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6. How long have these problems been evident:

2 months or less \_\_\_\_\_  
3-6 months \_\_\_\_\_  
7-12 months \_\_\_\_\_  
More than 12 months \_\_\_\_\_

7. Do you feel that there was any particular problem that preceded the child's current problem and might have been associated with its onset: Yes \_\_\_\_\_ No \_\_\_\_\_

8. Who felt that this child should be seen professionally at this time? \_\_\_\_\_

9. Was this child adopted: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, at what age: \_\_\_\_\_

Please list any problems in the prenatal and birth history of the child.

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