LOTUS COUNSELING CENTER, LLC

Amber Trepagnier, LPC, NCC

1 Galleria Blvd, Ste 1900 #1903

Metairie, LA 70001

504-444-1149

CHILD INTAKE PACKET

Please provide the following information and answer the questions below. Please note, information you provide her is protected as confidential information. Please fill out the form and bring to your first session.

Name: _____

(Last) (First) (Middle Initial)

Name of parent/guardian (if the child is under 18 years old):

_____

(Last) (First) (Middle Initial)

Date of Birth: _____ /_____ /_____ **Age:** _____ **Gender:** _____

Parent's Marital Status: ☐ Single ☐ Domestic Partnership ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Persons living with child:

_____

_____

Address: _____

City: _____ **State:**_____ **Zip:** _____

Cell Phone: _____ **May we leave a message?** ☐ Yes ☐ No

Email: _____ **May we email you?** ☐ Yes ☐ No

Referred by (if any): _____

Emergency Contacts:

_____

(Name) (Number) (Relation)

_____

(Name) (Number) (Relation)

_____

(Name) (Number) (Relation)

Has the child previously received any type of counseling or mental health services? ☐Yes ☐No

Previous provider: _____
(Name) (Office Number)

Is the child currently taking any medication? ☐Yes ☐No Prescriber: _____

Name	Length of time	Condition treated
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL HEALTH AND MENTAL HEALTH INFORMATION

Last Physical Exam: _____ PCP: _____

1. **How would you rate your child's general health?**
☐Poor ☐Unsatisfactory ☐Satisfactory ☐Good ☐Very Good

Please list any specific health problems the child is currently experiencing: _____

_____

_____

2. How would you rate the child's sleeping habits?
☐Poor ☐Unsatisfactory ☐Satisfactory ☐Good ☐Very Good

Please list any specific sleep problems you are currently experiencing: _____

_____

3. How many time a week does your child generally exercise? _____

4. Please list any difficulties you experience with your child's appetite or eating patterns: _____

_____

5. Is your child currently experiencing overwhelming sadness, grief, or depression? ☐Yes ☐No If yes,

for approximately how long? _____

6. Is your child currently experiencing anxiety, panic attacks or have any phobias?☐Yes ☐No If yes,

when did you begin experiencing this? _____

7. Has your child been bullied?☐Yes ☐No If yes, please describe. _____

_____

8. Does your child drink more than once a week or engage in recreational drug use? ☐Yes ☐No If yes, how often? _____

9. Is your child having suicidal thoughts? ☐Yes ☐No If yes, for how long? _____

Is there a Means? ☐Yes ☐No _____ Is there a Plan? ☐Yes ☐No _____

10. Is your child having thoughts of harming someone? ☐Yes ☐No If yes, for how long? _____

Is there a Means? ☐Yes ☐No _____ Is there a Plan? ☐Yes ☐No _____

11. Please list any significant life changes or stressful events have your child is experiencing. _____

_____

_____

_____

_____

14. Does anything make the situation better? ☐Yes ☐No If yes, please explain._____

_____

15. Does anything make the situation worse? ☐Yes ☐No If yes, please explain. _____

_____

FAMILY MENTAL HEALTH HISTORY

In this section below identify if you or family member has a history of any of the following. If yes, please indicate if it is self and/or family member's relationship to you in the space provided (father, mother, uncle, etc.).

Alcohol/Substance Abuse	☐Yes ☐No	_____
Anxiety	☐Yes ☐No	_____
Depression	☐Yes ☐No	_____
Eating Disorders	☐Yes ☐No	_____
Obesity	☐Yes ☐No	_____
Obsessive Compulsive Disorder	☐Yes ☐No	_____
Suicide Attempts	☐Yes ☐No	_____

ADDITIONAL INFORMATION

Current School: _____ **Grade:** _____

Names of Previous Schools: _____

Usual grades: ☐ Failing ☐ Unsatisfactory ☐ Satisfactory ☐ Good ☐ Exceptional

Academic Strengths: _____

Academic Challenges: _____

Has child ever been held back a grade or expelled? ☐ Yes ☐ No If yes, what year? _____

Does your child have an IEP or 504 Plan? ☐ Yes ☐ No Please explain. _____

_____

Has your child been absent for the following issues:

Illness ☐ Yes ☐ No
Truancy ☐ Yes ☐ No
Suspension ☐ Yes ☐ No