

Nourish

counseling

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CLIENT INTAKE FORM

Today's Date: _____

CLIENT AND FAMILY INFORMATION

Client's name: _____ Date of birth: _____

Gender: _____ Age: _____ Grade in school: _____

Ethnicity: _____ Religion: _____ School name: _____

Person completing this form and relationship to client: _____

Address: _____

Phone numbers (please include home, work and cell):

Your occupation and place of employment: _____

Spouse/significant other occupation and name of employment:

Are there other children in the family? YES NO

If YES please provide name, age, date of birth, school and whether they live in the home:

Is there any alcohol or drug use in the home? Please describe.

What are the child's three greatest strengths?

- 1)
- 2)
- 3)

What are the child's weaknesses or areas of improvement?

- 1)
- 2)
- 3)

Describe his/her behavior in school. Are there any concerns?

Describe his/her behavior at home. Are there any concerns?

What are his/her special hobbies or special interests?

Please list/describe any medical concerns, and the doctor(s) providing treatment:

REASON FOR REFERRAL

What brings the child into counseling at this time? _____

How long has the problem(s) persisted? _____

Are there circumstances that make the problem(s) worse? _____

Are there circumstances that make the problem(s) better? _____

Primary reason(s) for seeking services:

Anger management Anxiety Coping Depression

Eating disorder Fear/phobias Mental confusion Sexual concerns

Sleeping problems Addictive behaviors Alcohol/drugs Hyperactivity

Other mental health concerns (specify): _____

Has the child had therapy previously? If so, when and what was the outcome?

How did you hear about my practice? _____

Is there any other important information regarding the child that might be beneficial in counseling?

FOR OFFICE USE

Date reviewed and signature: