

Nourish

counseling

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CONSULTATION INTAKE FORM

Today's Date: _____

CLIENT AND FAMILY INFORMATION

Client's name: _____ Date of birth: _____

Gender: _____ Age: _____ Grade in school: _____

Person completing this form and relationship to client: _____

Address: _____

Phone number and email address: _____

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:

What are your child's three greatest strengths?

- 1)
- 2)
- 3)

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

- 1)
- 2)
- 3)

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

Describe what type of support you are looking for at this time:

What are his/her special hobbies or special interests?

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