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**MINOR INTAKE INFORMATION**

Name: \_\_\_\_\_ Racial Identification \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Age \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

My Therapist may identify herself when calling: home: Y/N cell: Y/N work: Y/N

My Therapist has permission to leave a message: home: Y/N cell: Y/N work: Y/N

Mother's name (last, first) \_\_\_\_\_

Racial Identification \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Can messages be left on answering machines? (Y/N please specify): \_\_\_\_\_

Employer \_\_\_\_\_ position \_\_\_\_\_

Father's name (last, first) \_\_\_\_\_

Racial Identification \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Can messages be left on answering machines? (Y/N please specify): \_\_\_\_\_

Employer \_\_\_\_\_ position \_\_\_\_\_

Minor lives with: (check all that apply) \_\_\_ Biological mother \_\_\_ Biological father \_\_\_ Siblings \_\_\_ Step parent

\_\_\_ Step siblings \_\_\_ Adoptive mother \_\_\_ Adoptive father \_\_\_ Foster family \_\_\_ Grandparent(s)

\_\_\_ Aunt/Uncle \_\_\_ Other (please specify)

Name and ages of siblings (the siblings that live in the same household as the minor) \_\_\_\_\_

Do parents of the minor live together? \_\_\_ Are the parents married? \_\_\_ Separated? \_\_\_ Divorced? \_\_\_

If apart, indicate how many months parents have been separated. \_\_\_\_\_

Indicate status of custody \_\_\_\_\_

*If applicable, please bring a copy of the child custody agreement to the session.*

Is time divided between home settings? (If so, explain) \_\_\_\_\_

Are both parents aware minor has been brought in for counseling? (Y/N) \_\_\_\_\_

Primary language in home \_\_\_\_\_ Secondary \_\_\_\_\_

Church Affiliation (if applicable) \_\_\_\_\_

Would you like prayer and/or Scripture to be a part of therapy? **Y / N**

Please briefly describe the presenting problem:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the minor or family been involved in previous counseling? \_\_\_\_\_ Where? \_\_\_\_\_

Who referred you? \_\_\_\_\_ May we thank that person? **Y / N**

**Person to notify in case of emergency:**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Relationship to Minor** \_\_\_\_\_

**Minor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_