

Revive Psychological Services

Intake Form for Youth and Children

Child/ Youth Name: _____ Last Name(s): _____

D.O.B _____ Age _____ M/F (circle)

Parent(s) name(s) or responsible guardian(s):

Child/ Youth Address: _____ City: _____ Prov. _____ PC. _____

Mom's phone number: _____

Dad's phone number: _____

Guardian(s) phone number (if applicable): _____

Email(s): _____

Preferred confidential phone number during the day: _____

Who has legal custody of child/ youth? (Sole/Joint) _____

May we contact you at any of these numbers/email/mail identifying ourselves as Revive Psychological Services? Yes / No (circle)

Has this child/ youth previously been involved with counseling? Yes / No? If yes, what diagnoses or issues were being treated?

Status of biological parents (circle): Single / Married / Divorced / Engaged / Separated / Widowed/
Common Law / Partners

Please list all siblings names: Ages:

Child _____

Child _____

Child _____

Child _____

Please list all people living with the child/ youth: _____

Please describe the concerns you would like to discuss with a psychologist:

How long have these concerns persisted? _____

What are the conditions where these concerns exist? (ie. school, home, social events)

What do you wish to achieve with therapy?

Mental Health

Has your child/ youth had/ have any thoughts of suicide or self-harm? _____
Is there any history of anxiety or depression with your child/ youth? Any other mental health issues?

Is there any history of anxiety or depression in your family? Any other mental health issues?

List of any addictions or criminal behaviour with your child/ youth or in the family:

Medical History

Doctors name: _____

Last check-up: _____

List any present illnesses, symptoms, including allergies and medications, of your child/ youth:

List any surgeries, any serious crises or losses, any major accidents, falls, abuse, etc along with dates of occurrence of your child/ youth:

Have there been any changes in your child/ youth's sleeping patterns lately?

Have there been any changes in your child/ youth's eating habits lately?

Is your child/ youth involved in any extracurricular activities? (ie. sports, music, drama)

(If custody is joint, both parental signatures are required)
(if custody is sole, official court documents required)

I have the legal authority to authorize my child/ youth _____ to receive counselling with Revive Psychological Services.

X _____

X _____

Legal Parent(s) / Guardian(s) Signature