



Date: \_\_\_\_\_

## Confidential Intake Form

Name of Child/Adolescent: \_\_\_\_\_ Sex: \_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Grade/Class: \_\_\_\_\_ School: \_\_\_\_\_ Language: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

Name of Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_ Contact No: \_\_\_\_\_

### **CHILD/ADOLESCENT HEALTH INFORMATION**

List all important present or past illnesses, injuries, handicaps or allergies of the child/adolescent:

\_\_\_\_\_

Is the child/adolescent presently taking medication?  No  Yes What? \_\_\_\_\_

Has the child/adolescent suffered the loss/separation of someone/pet dear to him/her?  No  Yes

If yes, give details: (when) \_\_\_\_\_ (what) \_\_\_\_\_

### **ABOUT THE FAMILY**

Family Status of the child/adolescent:  Both parents  Single parent  Other: \_\_\_\_\_

Is there any other agency/legal body currently involved in working with the family and/or the child/adolescent?  No  Yes (please give details: \_\_\_\_\_)

How long has the family been living in Hong Kong? \_\_\_\_\_

Who is living in the family? \_\_\_\_\_

Who is closest to the child/adolescent? \_\_\_\_\_

## **ABOUT THE CHILD/ADOLESCENT**

How is the child/adolescent at home?

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How does he/she get on with other family members?

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What is his/her strength(s)?

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What is the best thing(s) that has happened to him/her?

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What is/has been presented to be most difficult to him/her?

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What is the emotional and/or behavioural issue(s) arousing concern at present?

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What do you think the cause(s) of the emotion and/or behaviour is?

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Other Information: \_\_\_\_\_

### **What Specific Changes are expected as a result of the Play n Art Counselling?**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_