IRISE Counseling Services, LLC

Client Intake Questionnaire
Please fill in the information below and bring it with you to your first session.
Please note: information provided on this form is protected as confidential information.
Personal Information

Date: _____

Personal Information

Name: _____

DOB: _____ Age: _____ Gender: _____

School: _____ Grade: _____

Address: _____

City/State/Zip _____

Family Information

Mother's Name: _____ Phone Number ( ) _____

Father's Name _____ Phone Number ( ) _____

Email _____ Email Appointment Reminders? Y N
Text Appointment Reminders? Y N
*Please note: Email correspondence is not considered to be a confidential medium of communication
Emergency Contact

Name: _____ Phone: _____

Relationship: _____

Who does the child lives with? _____

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IRISE Counseling Services, LLC

How did you hear about IRISE Counseling Services/Laurice Harrison? _____

INSURANCE INFORMATION

Name of Insurance Carrier _____ Member ID # _____

Policyholder's Name _____ Policy holder's DOB _____

Name of Employer _____ Group Number _____

Please note: **You are required to verify your benefits before attending your first appointment. Our office will not know your exact benefits & coverage until we receive an explanation of benefits from your insurance company after the first billing.**

School Information

School Name _____ Grade _____

Average Report Card Grade □ Honor Roll □ Average Student □ Failing 1 or more class(es)

Extra-Curricular Activities/Sports:

_____

_____

Therapy Information

Describe the reason your child is seeking counseling.

_____

_____

_____

How long has this been going on? _____

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Has your child experience any major stressors in the last year? (ex. death of a loved one, major illness, move, divorce, trauma, abuse)

_____
_____
_____

List some of your child's strengths and weakness.

_____
_____
_____

General Mental Health History

Has your child previously received any type of mental health services (psychotherapy, psychiatric services,
etc.)?
□ No □ Yes, previous therapist/practitioner: _____
Is your child currently taking any prescription medication? □ Yes □ No
If yes, please list:

_____
_____

Has your child ever been prescribed psychiatric medication? □ Yes □ No
If yes, please list name of medications and dosage amounts

Medication name	Dosage	Prescribing Physician

Please list any **current** medication, prescribing amount and physician:

Medication name	Dosage	Prescribing Physician

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PREVIOUS TREATMENT PSYCHIATRIC HOSPITALIZATIONS
[ ] No [ ] Yes If yes, complete the following:

Age at the time	Hospital	Duration	Circumstances for treatment

General and Medical Health Information

1. How would you rate your child current physical health? (Please circle one)
Poor Unsatisfactory Satisfactory Good Very good
Please list any specific health problems your child is currently experiencing:
_____
_____
_____
2. How would you rate your child's current sleeping habits? (Please circle one)
Poor Unsatisfactory Satisfactory Good Very good
Please list any specific sleep problems your child is currently experiencing:
_____
_____
3. How many times per week does your child generally exercise?
_____
4. What types of exercise does your child participate in?
_____
5. Please list any difficulties your child experience with appetite or eating problems: _____
_____
6. Is your child currently experiencing overwhelming sadness, grief or depression? □ No □ Yes
If yes, for approximately how long?_____
7. Has your child ever attempted suicide? □ No □ Yes
8. Is your child currently experiencing anxiety, panics attacks or have any phobias? □ No □ Yes
If yes, when did you begin experiencing this? _____
9. Does your child currently experiencing any chronic pain? □ No □ Yes
If yes, please describe: _____
10. Does your child drink alcohol more than once a week? □ No □ Yes
11.Does your child engage in recreational drug use?
□ Daily □ Weekly □ Monthly □ Infrequently □ Never
12. What significant life changes or stressful events has your child experienced recently? _____

Family Mental Health History

In the section below, identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to you in the space provided (e.g. father, grandmother, uncle, etc.)

Please List Family Member

Alcohol/Substance Abuse □ Yes □ No _____
Anxiety □ Yes □ No _____
Depression □ Yes □ No _____
Domestic Violence □ Yes □ No _____
Eating Disorders □ Yes □ No _____
Obesity □ Yes □ No _____
Obsessive Compulsive Behavior □ Yes □ No _____
Schizophrenia □ Yes □ No _____
Suicide Attempts □ Yes □ No _____

Explain your child's living arrangements: (People who live in your home, children's living arrangements, split custody etc.)

_____
_____
_____

Sibling(s) names and ages

_____
_____
_____

SUBSTANCE USE HISTORY) Family alcohol/drug abuse history: (check all that apply)
Substance use status: [ ] father [ ] mother [ ] stepparent/live-in [ ] uncle(s)/aunt(s) [ ] grandparent(s) [ ] sibling(s) [ ] spouse/significant other [ ] children [ ] other
[ ] **no history of abuse** [ ] active abuse [ ] early full remission [ ] sustained full remission [ ] sustained partial remission Issues related to substance abuse: [ ] hangovers [ ] seizures [ ] blackouts [ ] overdose [ ]

assaults [ ] binges [ ] job loss [ ] arrests [ ] suicidal impulse [ ] sleep disturbance [ ] withdrawal symptoms [ ] medical conditions [ ] tolerance changes [ ] loss of control of amount used [ ] relationship conflicts

Substances used: [ ] Alcohol [ ] amphetamines/speed [ ] barbiturates/owners [ ] caffeine [ ] cocaine [ ] crack cocaine [ ] hallucinogens (e.g., LSD) [ ] heroin [ ] inhalants (e.g., glue, gas) [ ] marijuana or hashish [ ] nicotine/cigarettes [ ] PCP [ ] prescription: [ ] other: First use age: Current use? (Yes/No) Last use age:

Please explain if any drugs were selected:

_____
_____
_____
_____

Trauma History: sexual/physical/mental: □ Yes □ No

If yes, please explain

_____
_____
_____

Developmental History: (Learning delay/disabilities)

_____
_____
_____

Legal History
Has your child ever been arrested? □ Yes □ No
If yes, please explain

_____
_____