Peace of Mind
Counseling and Educational Services

MINOR INTAKE FORM

MINOR INFORMATION

Full Name:

Address:

City: State & Zip:

Birthdate & Age:

Minor Current Physician: Phone:

Minor Current Medications:

PARENT INFORMATION

In case of emergency, contact;

Parent Name:

Relationship to Client:

Marital Status: ☐Single ☐Married ☐Separated ☐Divorce ☐Domestic Partnership

Home Phone: Cell Phone:

Parent Email Address: Parent Phone:

INSURANCE INFORMATION

Member Employer:

Primary Insurance: Phone:

Member ID #: **Member**/ Acct#:

Effective Date: Expiration Date:

Client Name: Client Date of Birth:

Relationship to Member: ☐Self ☐Spouse ☐Child ☐other(explain)

EAP Information EAP Company Number of sessions:

Signature of Member: Signature of Client**:**

MENTAL HEALTH HISTORY

Check symptoms that you have experiences over the past month?

Ineffective communication	Difficulty problem solving	Inability to make friends
Inability to handle stress	Self-Harm	Abnormal eating
Substance abuse	Anger management issues	Low self-esteem
Sense of lack of control	Identity or sexuality concerns	
Difficulty meeting role expectations		
Manipulation of others to fulfill your own desires		

Difficulty falling/staying asleep	Difficulty staying asleep	Not feeling rested

Withdrawing from others	Depressed Mood	Feeling Numb
Rapid mood changes	Irritability	Outbursts of anger
Frequent feelings of guilt	Panic Attacks	Anxiety
Avoiding people and places		
Fear of certain objects or situations (i.e. flying, heights, bugs) Describe		
Difficulty leaving your home		

Worthlessness	Hopelessness	Sadness
Helplessness	Fear	Feeling or acting
Unusual sweating	Increased energy	Decreased energy
Tremor	Difficulty concentrating	Nightmares
Racing thoughts	Intrusive memories	Flashbacks
Thoughts of harming self	Thoughts of harming or killing someone else	
Defiance	Physical aggression	Lying
Stealing	Sexual promiscuity	Academic concerns
Bullying	Destructive behaviors	Skipping school
Running away from home	Breaking and entering	

What reasons are you seeking therapy?