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Intake Inventory
Minor (Child) Form – To be completed by the parent or legal guardian

Personal Data:

Name of the child or adolescent: _____ Age: _____

Grade in School: _____ Name of School: _____

Name of Mother: _____

Street Address _____ City: _____ Zip: _____

Mailing Address (if different from above): _____

Occupation: _____

Cell Phone: _____ May we call this number? Yes No

Home Phone: _____ May we call this number? Yes No

Business Phone: _____ May we call this number? Yes No

May we mail correspondence and billing information to the above address? Yes No

Name of Father: _____

Street Address (If different from above): _____

City: _____ Zip: _____

Mailing Address (if different from above): _____

Occupation: _____

Cell Phone: _____ May we call this number? Yes No

Home Phone: _____ May we call this number? Yes No

Business Phone: _____ May we call this number? Yes No

May we mail correspondence and billing information to the above address? Yes No

Child lives with _____

If there are other children living in the same household please list below:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Briefly, please answer the following questions:

What are the main problems, as you see them, which bring you here?

What have you attempted to do about them?

Do you want counseling from a biblical, Christian perspective?

Please describe your child/adolescent.

Has your child/adolescent ever talked about suicide? _____ Yes _____ No

If yes, please explain:

Please list any medications your child/adolescent is currently on and any physicians he/she is currently seeing: