

JOHANNES KIEDING, L.L.C. LCSW

ASTANDFORHEALTH, ACCELERATED PSYCHOTHERAPY SERVICES /
GETTINGBETTERTHERAPY, ADVANCED PSYCHOTHERAPY TRAINING

Child Intake Form

Name of Child: _____ Age: _____

Birth Date: _____ Gender: _____

Parent/Guardian Name: _____

Street Address:

City: _____ State: _____

Zip Code: _____

Phone Numbers: Home: _____ Work: _____

Cell: _____

Child's School/Daycare: _____

School Phone #: _____

Grade: _____ Teacher: _____

Please list any medications your child is currently taking,
including psychotropic medications:

Please describe any medical conditions or your child I should be
aware of (allergies, injuries, illnesses, etc):

Please describe your current household composition (names,
ages, and relationship of those living with your child):

The reason I am seeking therapy for my child is:

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What have you already tried to correct or resolve this problem?

What are you most concerned about?

What changes would you like to see as a result of therapy?

Child History

Name of Child: _____ Age: _____
Gender: _____

Is your child
adopted?-----

Has your child ever been or is he/she currently in foster
care?----- yes no

Explain: _____

Has your child received any previous counseling or
treatment?----- yes no

Explain: _____

Were there any problems or complications during pregnancy or
birth?----- yes no

Explain: _____

Has your child experienced any form of abuse (physical, emotional, sexual)? yes no

Explain: _____

Has your child experienced any significant trauma or losses?----- yes no

Explain: _____

Has your child experienced any divorces or separations?----- yes no

Explain: _____

Does your child have difficulty at school or daycare?----- yes no

Explain: _____

Does your child generally get along with other children his/her own age?----- yes no

Does your child generally get along with adults?----- yes no

Does your child have unusual eating patterns?----- yes no

Explain: _____

Does your child have unusual sleeping patterns?----- yes no

Explain: _____

Child's Family History

Current custody status (if separated from one parent, does the other parent have any custody rights?):

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Visitation arrangements:

What are your main approaches to discipline?

Which approaches to discipline have shown the most success?

Which family members, including extended family, suffer from any form of mental illness?

Do you plan on paying for sessions with credit/debit card (an added 3% fee for processing cost), cash, check, PayPal, or Venmo?

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