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**Child / Youth Intake Form**

Please fill this form out as completely as possible. Feel free to write "same as..." where appropriate. The information will be confidential. If you are uncomfortable answering any of the questions or some do not apply, feel free to skip them (use the back if you need additional space). Thank you.

*Identifying Information*

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Other Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

School/College \_\_\_\_\_ Grade/Year \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Last visit \_\_\_\_\_

Home Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_ Birth date \_\_\_\_\_

Occupation/ Employer \_\_\_\_\_

Custody (if applicable): Residential / Legal / Joint (circle)

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_ Birth date \_\_\_\_\_

Occupation/ Employer \_\_\_\_\_

Custody (if applicable): Residential / Legal / Joint (circle)

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ phone \_\_\_\_\_

Who else lives in your household?

<i>Name</i>	<i>Age</i>	<i>Relationship</i>

Immediate/important family members who live elsewhere?

<i>Name</i>	<i>Age</i>	<i>Relationship</i>

***Client Health***

Please describe your general health and list any medical problems \_\_\_\_\_  
\_\_\_\_\_

Allergies (including medication allergies) \_\_\_\_\_

How many hours per week do you exercise? \_\_\_\_\_ Type of exercise \_\_\_\_\_

Are you comfortable with your weight? \_\_\_\_\_ *please explain* \_\_\_\_\_  
\_\_\_\_\_

How many hours a night do you sleep? \_\_\_\_\_ Do you sleep well through the night? \_\_\_\_\_

*If not please explain* \_\_\_\_\_

Are you troubled by any fears/worries/anxieties? \_\_\_\_\_ *If so please explain* \_\_\_\_\_  
\_\_\_\_\_

Have you ever engaged in self-harm (cutting, for instance)? \_\_\_\_\_ *If so please explain* \_\_\_\_\_  
\_\_\_\_\_

Have you ever thought of or attempted suicide? \_\_\_\_\_ *If so please explain* \_\_\_\_\_

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Has anyone ever expressed concern about your health? \_\_\_\_\_ *If so please explain* \_\_\_\_\_

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Has anyone ever expressed concern about your eating habits or weight? \_\_\_\_\_ *If so please explain* \_\_\_\_\_

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Has anyone ever expressed concern about your drinking or drug use? \_\_\_\_\_ *If so please explain* \_\_\_\_\_

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**Medications (Psychotropic or other):**

Medication	Dosage	Prescriber	Prescriber Phone Number

***History***

Is there any history of mental illness or emotional problems in your family? \_\_\_\_\_ *If so please explain* \_\_\_\_\_

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Is there any history of alcohol or drug abuse in your family? \_\_\_\_\_ *If so please explain* \_\_\_\_\_

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Have you ever been physically or sexually abused? \_\_\_\_\_ *If so please explain* \_\_\_\_\_

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*Note: I am a "Mandated Reporter". The State of Washington says that, "Mandated Reporters must report suspected child abuse or neglect (or cause a report to be made) to law enforcement or CPS when they believe a child has suffered abuse or neglect or may be at risk of abuse or neglect. RCW 26.44.030 (1)(a)"*

Have you ever experienced the death of a close family member or a friend? \_\_\_\_\_ *If so please explain* \_\_\_\_\_

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Have you ever had counseling before? \_\_\_\_\_ *If so please explain* \_\_\_\_\_

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*Present Concerns*

What events, experiences, or changes have led you to choose counseling? \_\_\_\_\_

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What specific issues do you want to work on in counseling? \_\_\_\_\_

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In your present life, how do you deal with problems or conflicts? *Circle all that apply*

Negotiate Kick Tease Take deep breaths Hit Shame Discuss Yell Push  
Lecture Threaten Deny Problem-solve Withdraw emotionally Leave Ignore  
Blame Take a time out Listen with respect Seek help from others (Other) \_\_\_\_\_

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Please mention any other special concerns, history or information that might be helpful for me to know in working with you: \_\_\_\_\_

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\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 13)

\_\_\_\_\_  
Date