

Intake Packet

Name: _____

Living arrangements/Custody: _____

Siblings' names and ages:

Primary Care Physician: _____

Current medications: _____

Current Diagnoses: _____

Presenting issues with duration:

List any recent changes in child/adolescent's life (e.g. move, parental divorce, changing schools):

Is there a history of previous therapeutic interventions? Yes/No

If yes, briefly describe previous therapy:

Is there a family history of similar issues/behavior? (Explain)

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Identified learning disabilities if applicable:

IEP/504 in Place? _____

Is there a history of trauma or developmental issues? (Explain):

Child/adolescent's strengths (personality traits, skills):

What motivates your child/adolescent? _____

What does your child do for fun? _____

Goal of treatment (What would you like your child/adolescent to get from coming here?):

For adolescents- Is there a history of substance use and/or other risk taking behavior (describe):
