

Family Counseling and Children's Services

CHILD/ADOLESCENT Intake Information Sheet

FHC Chart #

Thank you for your interest in our counseling services. Please complete the following pages as completely as possible. When you are finished, you may drop this packet off at our office or mail it to us. Once we receive your information, we will do our best to match you with the right counselor and set you up for your first appointment as quickly as possible. Please feel free to call if you have questions.

FCCS
1600 Providence Dr.
Waco, TX 76707
Phone: (254) 759-3500
Fax: (254) 759-3451

OFFICE USE ONLY	Medicaid _____ Medicare: _____ CHIP _____	Date Intake Received:	1 st Appt Date/Time:
	GHC/County Card _____ Fee/Copay: _____		

Child's Last Name	Child's First Name	MI	May we call you at:
Street Address			Home: _____
City			Work: _____
County			Cell: _____
Zip			Child's Date of Birth:

Your relationship to the child/adolescent: _____
 *If not the biological parent, please bring evidence (court/custody papers) of your right to bring the child to counseling.

Other Household Members	Age/Date of Birth	Sex	Relation to Child
01			
02			
03			
04			
05			
06			

Presenting Problem:

- Depression or Anxiety
- Divorce/Blended Family
- Family/Relational
- Behavior —
- Grief
- Trauma/Abuse
- ADHD Assessment
- School
- Home
- Other: _____
- Drugs/Alcohol
- Adjustment
- Anger Management

Has the child ever attempted suicide? Yes No If yes, when?

Has anyone in your family attempted or committed suicide? Yes No

Has the child ever harmed another person causing serious injury or death? Yes No

Is the child a survivor of incest or sexual abuse? Yes No

If yes, has the child been seen at the Advocacy Center? Yes No

Are there any current or past CPS cases involving the child? Yes No

Is counseling a CPS requirement? Yes No

Is the counseling court-ordered? Yes No

Is it a requirement of Probation? Yes No

Are you seeking disability for the child? Yes No

Please list any immediate family members who also receive counseling at our agency:

What times are you available for appointments?

Instructions for Parents:

- **If you are not the child's biological parent, you must present proof of guardianship before an initial appointment will be scheduled.**
- **Please bring an additional trusted adult to the child's first session so the child can be supervised while you meet with the child's counselor.**
- **Please do not bring additional children with you to the child's counseling sessions or to the waiting area. Bring only the child who is scheduled to see the counselor.**
- **During your child's session if you are not speaking with the counselor, you are expected to stay in the waiting area. Do not leave the Family Counseling & Children's Services waiting area or leave the premises under any circumstances.**

Signature: _____ Date: _____