RCA

Reinicke Counseling Associates

Mission Valley • Rancho Bernardo • Carlsbad

Phone (619) 298-8722 • Fax (619) 298-5235

Child/Minor Intake Information

Minor's name (last, first) _____

Racial Identification _____

Sex (M/F) _____ Age _____ Date of Birth _____

Grade _____ Name of School _____

Address _____

Home Phone _____ Other Phone (specify) _____

Can messages be left on answering machines? (Y/N please specify) _____

Mother's name (last, first) _____

Racial Identification _____

Age _____ Date of Birth _____

Address _____

Home Phone _____ Work Phone _____

Other Phone (specify) _____ Fax _____

Can messages be left on answering machines? (Y/N please specify) _____

Employer _____ position _____

Father's name (last, first) _____

Racial Identification _____

Age _____ Date of Birth _____

Address _____

Home phone _____ Work Phone _____

Other phone (specify) _____ Fax _____

Can messages be left on answering machines? (Y/N please specify) _____

Employer _____ position _____

Minor lives with: (check all that apply)

____Biological mother ____Biological father ____Siblings ____Step parent

____Step siblings ____Adoptive mother ____Adoptive father

____Foster family ____Grandparent(s) ____Aunt/Uncle

____Other (please specify)_____

Name and ages of siblings (please * the siblings that live in the same household as the minor) _____

_____

Do parents of the minor live together? ____ Are the parents married? ____

Separated? ____ Divorced? ____

If apart, indicate how many months parents have been separated. _____

Indicate status of custody _____

Is time divided between home settings? (if so, explain)_____

_____

Are both parents aware minor has been brought in for counseling? (Y/N)_____

Primary language in home _____ Secondary _____

Church Affiliation (if applicable) _____

Please briefly describe the presenting problem:_____

_____

Has the minor or family been involved in previous counseling? ____ Where?_____

Name of referring party _____

May we thank them for referring you? (Y/N) _____

Person to notify in case of emergency:

Name_____ Phone_____

Address_____ Relationship to Minor_____

Date_____ Parent Signature _____