

CLIENT INTAKE FORM



Please answer the following questions to the best of your ability. These questions are to help the counselor provide the best service possible. This information is held to the same standards of confidentiality as our counseling. **(parents answer with or for minor children)**

Client: Name: _____
 (Last) (First) (Middle Initial)

Name of parent or guardian: _____
 (Last) (First)

Birth date: ____/____/____ Age: _____ Gender: Male Female

Client's marital status: Never married Partnered Married Separated Divorced Widowed

Number of children or siblings: _____ Ages: _____

Current address: _____

Home phone: _____ Cell/other: _____

Email: _____

Referred by: _____

Who else can pick up child other than parents (name/phone/relation): _____

Diagnosis's that have been given for client?

If medication is currently being taken, please list: _____

Does the client participate in the Gardiner Scholarship (PLSA)? _____

Office Use Only

Elem—Middle—High--College	Other services doing or done with us:
5-week 10-week Extended	Gardiner Other

General Health and Mental Health Information (parents answer with or for minor children)

How is your physical health at the present time? Poor Unsatisfactory Satisfactory Good Very good

Please list any persistent physical symptoms or health concerns (e.g. chronic pain, headaches, hypertension, diabetes, thyroid dysfunction, etc.): _____

Are you having any problems with your sleep habits? Yes No

How many times per week do you exercise? _____ days _____ minutes/hours

Are there any changes or difficulties with your eating habits? Yes No

Have you felt depressed recently? Yes No

Have you had any suicidal thoughts recently? Yes No

What concerns have brought you to seek our services at this time?

What Service Interest You? (Check all that apply)

<input type="checkbox"/> Therapeutic Social Skills Groups	<input type="checkbox"/> Behavior Modification
<input type="checkbox"/> Transitioning Services	<input type="checkbox"/> Support for parents, siblings, professionals
<input type="checkbox"/> High School, College/Career Readiness	<input type="checkbox"/> Summer/Winter/Spring Camp Program
<input type="checkbox"/> Successful Relations and School Prog	<input type="checkbox"/> Individual -Family Coaching/Counseling
<input type="checkbox"/> Other (please explain)	

Insurance Information

We need you to be aware that the Support for Students Growth center offers multidisciplinary interventions that do not fit standard medical procedure codes; therefore, our services are not typically reimbursed by medical insurers.

GOALS

(parents answer with or for minor children)

What are **your** social/academic/functional goals for yourself or your child over the coming year?

- a) _____
- b) _____
- c) _____
- d) _____

School Information

Where do you or your child attend school? What grade/level? Any retentions?

What type of class setting? How are grades?

What type of support do you or your child get in school?

Please discuss participation in any clubs, groups, or sporting activities before or after the regular school day?

In the last year, has the client had any major life changes (e.g. new school, moving, illness, relationship change, etc.)?

Family Information

Who does the client live with? _____

What is the name, age, and occupation of each family members who lives with the client?

On a scale from 1-10 (10 being great), how would you rate the quality of your family life? _____

Social and Behavioral Information
(parents answer with or for minor children)

1. What does your child like to do? What are they good at?

2. What behaviors does your child need to change?

3. Would your child run away or leave a situation if upset? _____

4. Does your child have a history of being aggressive? If so, please explain.

5. What specific situations or events trigger frustration or anxiety in your child?

6. Please explain how your child relates to other children in school or in other settings.

7. What changes in the behavior of your child have you seen lately?

8. Does your child have sensory issues? Do they display rigid behaviors? What is their "special interest"?

9. Does your child have any bathroom issues we should be aware of? If so, please describe.

Limitations of Liability and Signature

I understand that the *Support For Students Growth Center (S.S.G.C.)* strives to help as many clients as they can. However, I understand that not all applicants are accepted for services. I understand that the S.S.G.C will use the application information to assess my child's needs for the purposes of evaluating their abilities and needs and determining placement and service options. Recommendation and approval of my child for services provided by the S.S.G.C is at the discretion of the S.S.G.C administrative team.

Group Attendance: Social Skills groups rely on student's regular attendance for all members to make optimal progress. It affects the whole group whenever a participant is absent, so please try to be as consistent as possible. Please keep in mind that we are reserving your child's spot in group and are staffing and adjusting our curriculum accordingly, whether he/she is able to make it or not.

Families will not be issued a refund or credit for any missed group dates*.

(*If a student misses a group, we may offer a make-up, however, they will be limited to no greater than (1 credit per 4 groups purchased), regardless of reason for absence).

If your child misses group, we will provide a brief review of the material covered during the following group session. Additionally, we are happy to send you the "Weekly Topic Summary" for the session that was missed so that you may review it with your child.

Refund Policy: All payments, including initial assessments and deposits, are non-refundable. Refunds will not be given for withdrawals or dismissals after a session has begun. If a child engages in conduct which is harmful, dangerous, or extremely disruptive to the overall conduct of the program or the personnel of S.S.G.C., we reserve the right to dismiss the child, and a prorated refund may be offered.

Communication with Our Office: Our office provides friendly text reminders of group and individual appointments as a courtesy, so please make sure we have your most recent cell phone number on file. Please note that whether or not you receive a reminder, your child's group will occur based on the published schedule (we follow the Palm Beach County School District calendar) unless we contact you to cancel or to inform you of a change. Once your child is enrolled in our group program, we encourage you to contact the office with questions or concerns and we will coordinate follow through with their group counselors. You can contact the office at (561) 990-7305.

Information on Other Services: Every child is unique in his/her needs and response to interventions. Our groups are designed to facilitate optimal growth for each child; however, generalization of skills will vary. In order to maximize opportunities for each child, partnerships between all parties are crucial. We encourage our families to schedule periodic individual/family appointments and school/teacher consultations. These provide excellent opportunities for everyone involved in your child's "team" to develop skills needed to implement strategies outside of our office, thus helping your child to generalize skills learned in the groups. To assist in this matter, Dr. Nach is available for school or office consultations, individual/family appointments, and school observations/meetings. These service is separate from your child's Social Skills Programs (and other groups conducted by the S.S.G.C.).

I agree to the cost and payment terms agreed upon and understand that these services will likely not be paid for or reimbursed by my insurance company. I agree to hold harmless the S.S.G.C as well as its employees or representatives from any damages or losses of any kind including direct, indirect, incidental, consequential or punitive damages arising out of the applicant's and/or child's participation in their programs. I understand that the S.S.G.C makes no warranty or guarantee of any kind whatsoever regarding results or outcomes, whether direct or indirect, from the services it provides. In submitting this application, I certify that the information provided herein, including all enclosed documents, is complete and accurate to the best of my knowledge. I understand that failing to provide complete and accurate information in or with this application will void any potential refunds.

I, _____ (parent or individual if over 18 printed name), am a parent or legal guardian of _____ (child's/participants name), and I agree to the terms and conditions outlined above.

X

Signature and Date