

**DR. STEPHEN A. GIUNTA, LMHC, NCC
FORENSIC ASSESSMENTS,
COUNSELING & CONSULTATION SERVICES**

INITIAL INTAKE FORM

Father's Identifying Information

Name _____
Address _____ City _____ State _____ Zip _____
Telephone (Home) _____ (Work) _____
(Cell) _____

Mother's Identifying Information

Name _____
Address _____ City _____ State _____ Zip _____
Telephone (Home) _____ (Work) _____
(Cell) _____

Step-Father's Identifying Information

Name _____
Address _____ City _____ State _____ Zip _____
Telephone (Home) _____ (Work) _____
(Cell) _____

Step-Mother's Identifying Information

Name _____
Address _____ City _____ State _____ Zip _____
Telephone (Home) _____ (Work) _____
(Cell) _____

Other Caregivers' Identifying Information

Name/Relationship _____
Address _____ City _____ State _____ Zip _____
Telephone (Home) _____ (Work) _____
(Cell) _____

Other Caregivers' Identifying Information

Name/Relationship _____
Address _____ City _____ State _____ Zip _____
Telephone (Home) _____ (Work) _____
(Cell) _____

Child's Identifying Information

Age _____ Date of Birth ____ / ____ / ____ Place _____

Sex: Male _____ Female _____ Height ____ ft. ____ in. Weight _____ lbs.

Race: White _____ Black _____ Asian _____ Hispanic _____ Other _____

Child's Treatment History

Are they currently taking medication? Yes _____ No _____

If yes, name(s) of the medication(s) _____

Dosage of medication(s) _____

Provider of medication(s) _____

Have they received psychiatric treatment? Yes _____ No _____

If yes, name provider _____

Dates of service _____ Location _____

Reason for termination of treatment? _____

Presenting problem(s) or condition (current) _____

Presenting factors (contributors) _____

Symptoms (describe) _____

Acute _____ Chronic _____

Legal Issues _____

Alcohol and Drug Use (marijuana, cocaine, etc. / amounts and frequency) _____

Child's Educational History

Name of Institution and Location _____

Grades _____

Exhibited School Behaviors _____