

Metropolitan Marriage & Family Therapy, PLLC

Succeed at Your Relationship and Your Life!

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Intake: Confidential Child Client Information

Date: _____

Name: _____

Nick Name: _____

Address: _____

Phone Numbers: Home: _____

E-Mail Address: _____ Date of Birth: _____ Age: _____

A. Ethnic Origin: _____ Place of Birth: _____

What is your religion? _____ Do you practice it? _____

B. School Name / Address:

What grade are you in?

Favorite Classes / Subjects:

How are you doing in school?

C. Name your special talents and skills:

D. Do you have friends? Yes _____ No _____
If yes, how many and what are their names: _____

E. Were you adopted? Yes____ No____

If you were not brought up by your biological parents, who raised you?

F. Who do you live with? What are their names?

G. How do you get along with them?

H. How is your health?

What serious medical illness have you had & when?

I. If you have had any of the following experiences, check each that applies to you:

- Feeling sad
- Feeling angry
- Feeling scared
- Bedwetting
- Biting or other aggressive behavior
- Fights in school
- Poor grades in school
- Being picked on at school
- Problems concentrating
- Problems getting along with siblings
- Not listening to parents

J. Have you received counseling before? Yes____ No____

What type, if any?

Individual Therapy_____ Family Therapy_____ Group Therapy_____

How did it go?

What would you like to resolve by coming to counseling / for services now?

How can your provider help you? What do you expect of them?

K. About Your Family:

1. Mother:

Describe your impression of your mother:

Describe your mother's behaviors – how she acts:

List feelings you have towards her:

How do you behave when around her / toward her:

2. Father:

Describe your impression of your father:

Describe your father's behaviors – how he acts:

List feelings you have towards him:

How do you behave when around him / toward him:

3. Experience Growing Up:

How does it feel to be in your family?

What are you like as a child in your family?

Describe your parents' relationship.

What wish(es) / dream(s) do you have as a child?

What are your strengths?

What are your weaknesses?

What are your hobbies?

L. Additional Information:

Please share any other information that you feel will assist us in assessing your situation and getting to know you better.

Thank you for taking the time to thoroughly fill out this form. This information will assist us better service your needs.

Emma K. Viglucci, CFT, LMFT, CIT
Clinical Director