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CHILD NARRATIVE INTAKE FORM

Name: Date: / /

1. What is the overarching problem or situation that brought you here today?

2. How does the problem affect you?

3. What of the below issues are involved in the overarching problem?

[ ]  Depression/Sadness [ ]  Suicide Attempt, Threat [ ]  Self-harm

[ ]  Alcohol and/or Drug Use [ ]  Family/Relationship Conflict [ ]  Worry/Anxiety

[ ]  Verbal Abuse [ ]  Sexual Abuse [ ]  Physical Abuse

[ ]  Psychological Abuse [ ]  Disordered Eating [ ]  Anger

[ ]  Learning Difference [ ]  Grief and/or Loss [ ]  Discrimination

[ ]  Behavioral Issues [ ]  Peer Interactions [ ]  Academic Performance

Please describe each of the above issues with which you identify?

Other Problems:

4. Who else knows about and/or is affected by these problems?

5. What goals do you have for your child as he/she moves through counseling?

6. What do you think your child’s goals are?

What *ideas* do you have for how these goals may be accomplished?

7. What values, purposes, hopes, beliefs, intentions, commitments, dreams, or visions do you see your child holding precious and motivate him/her towards reaching your goals?

8. What type of learning does your child gravitate towards, *auditory* (learn by hearing), *visual* (learn by seeing, watching), or *kinesthetic* (learn by doing)?

9. Is there anything else you would like me to know about your child?