



of Mooresville

222 Southside Avenue · Mooresville, NC 28115

704-658-0238 · 704-658-0896 FAX

www.CCofMooresville.com

MINOR INTAKE FORM

Name _____ Date of Birth: _____

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Cell: _____

Parent's Work Phone: _____

Email Address: _____

Parent's email address: _____

Are your parents divorced? _____ How old were you? _____ Did they remarry? _____

Do you have any siblings? _____ If so, how many? _____ Where are you in the birth order? _____

Do you have a good support system? _____ Is your family part of your support system? _____

Please give the following information for each person that currently lives in your home, **including yourself**.

Name	Age	Relationship to Self
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please also list any other people in your immediate family who may not be living in your house:

Name	Age	Relationship to Self
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal and Medical Information:

Are you currently taking any prescription medications? _____ Name of Medication _____

List any past or present medical issues: _____

List any secondary issues, (sleeplessness, constant worry, phobias): _____

Date of Last Doctor Visit & Reason For it:



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Continued (Minor Intake Form)

Note any significant events occurring at this time (trouble in school, death in family, divorce of parents): _____

List any emotional issues that are present (anger, anxiety, moodiness): _____

Have you had thoughts of harming yourself or ending your life? _____

If yes, please describe (how long ago?; did you have a plan?): _____

Have you had thoughts of harming someone else? Him _____ Her _____ If yes, please explain: _____

Family History (please include yourself in this and specify whom it is in your family):

Alcoholism/Drug Abuse: _____

Depression, Manic/Depression, Schizophrenia: _____

Other mental illness: _____

Emotional, verbal, physical, or sexual abuse: _____

Other significant childhood traumas: _____

Background Information:

Where do you go to school? _____ What is grade level? 1 2 3 4 5 6 7 8 9 10 11 12

Do you have a learning disability? __ Yes __ No Specify: _____

What is your GPA? _____ Are you involved in sports/band/other? __ Yes __ No Specify: _____

Do you currently attend church? _____ If yes, which church? _____

Are you in youth group? _____ If yes, which church? _____

Do you have a job (presently or in past)? __ Yes __ No When & where? _____

Are your parents living? Him _____ Her _____

Parents' Occupation? Father: _____ Mother: _____

Have you ever seen a therapist before? __ Yes __ No Dates: _____ Name of therapist: _____

Was it helpful and how? _____

How did you hear about Christian Counselors of Mooresville? _____

What brings you here today? _____

