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**Child Intake Form**

Child's Name: \_\_\_\_\_  
Child's Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender Identity: \_\_\_\_\_  
Referred by: \_\_\_\_\_

**Caregivers and Family**

Parent or Caregiver 1 name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Occupation \_\_\_\_\_ age \_\_\_\_\_

Parent or Caregiver 2 name: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Occupation \_\_\_\_\_ age \_\_\_\_\_  
Parent's marital status: (check one) ( ) married ( ) divorced ( ) separated ( ) single  
Family history of addiction:

\_\_\_\_\_

Family history of suicide or mental illness:  
\_\_\_\_\_  
\_\_\_\_\_

**Child Health**

Please list all medications child is currently on with dosages:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns or interest in medication?

Other medical concerns: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Has your child previously been given a diagnosis with respect to psychological and/or developmental concerns? \_\_\_\_\_

**Home**

Please list all other people living in home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____

What are some of your favorite things about your child? (Ie. strengths, personality)

\_\_\_\_\_

What are some of your child’s favorite activities?

\_\_\_\_\_

Please describe briefly any “problem” behaviors your child is having at home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**School**

School: \_\_\_\_\_

Teacher(s) Name: \_\_\_\_\_

Other therapist(s): \_\_\_\_\_

Is your child receiving any special services at school?

\_\_\_\_\_

Please briefly describe your child’s relationship with other children:

\_\_\_\_\_  
\_\_\_\_\_

Please briefly describe any “problem” behaviors your child is having at school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_