

# Lynne Logan Ph.D., L.M.F.T.



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I am interested in an appointment in:

Upper St. Clair Office: \_\_\_\_\_ Murrysville Office: \_\_\_\_\_

## **CHILD/TEEN COUNSELING INTAKE**

Child/Teen Full Name: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date \_\_\_\_\_ SS #: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### **BRIEF MEDICAL HISTORY:**

Was child's birth and delivery normal? If no, please explain: \_\_\_\_\_

\_\_\_\_\_

General Health: Excellent: \_\_\_\_\_ Good: \_\_\_\_\_ Fair: \_\_\_\_\_ Poor: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sleep Problems or nightmares? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Appetite or eating problems? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

List Medications and reason for taking: -2-

\_\_\_\_\_

\_\_\_\_\_

List hospitalizations, surgeries, serious illnesses and child's age:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**SCHOOL HISTORY:** Please check all that apply:

Poor Grades \_\_\_\_\_ Good Grades \_\_\_\_\_ Behavioral Problems \_\_\_\_\_ Uncooperative: \_\_\_\_\_ Attention  
Issues \_\_\_\_\_ Social/Friend Problems \_\_\_\_\_ Gets Along Well with Others \_\_\_\_\_ Aggressive Behaviors  
\_\_\_\_\_ Withdrawn \_\_\_\_\_ Lack of Follow Thru \_\_\_\_\_ Teacher Conflict \_\_\_\_\_ Gets Along with Teacher \_\_\_\_\_

Shows Leadership Ability \_\_\_\_\_ Favorite Subject \_\_\_\_\_ Separation Anxiety \_\_\_\_\_ Crying Spells \_\_\_\_\_  
\_\_\_\_\_ Disruptive \_\_\_\_\_ Hyperactive \_\_\_\_\_ Shy \_\_\_\_\_ Outgoing \_\_\_\_\_

Does your child/teen seem to like school? If not, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child/teen show any physical symptoms before or during school? \_\_\_\_\_ If yes, please  
explain: \_\_\_\_\_

How often does it seem to happen? \_\_\_\_\_

Please list any school problems you are concerned about and when the problem started:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Your Child/Teen Hobbies: \_\_\_\_\_

Your Child/Teen Talents: \_\_\_\_\_

Does your child/teen have a pet (s): Explain: \_\_\_\_\_

\_\_\_\_\_

**FAMILY HISTORY:**

Mother's Age \_\_\_\_\_ Health \_\_\_\_\_ Living with Child/Teen? \_\_\_\_\_ Please describe relationship with mother: \_\_\_\_\_

Father's Age \_\_\_\_\_ Health \_\_\_\_\_ Living with Child/Teen? \_\_\_\_\_ Please describe relationship with father: \_\_\_\_\_

Number of Siblings: \_\_\_\_\_ List Names and Ages and Describe Relationship with Child/Teen: \_\_\_\_\_

Are parents living together? \_\_\_\_\_ Divorced \_\_\_\_\_ age of child , \_\_\_\_\_ Separated \_\_\_\_\_ age of child \_\_\_\_\_, death of a parent \_\_\_\_\_ age of child \_\_\_\_\_.

If parents are divorced, what are the custody arrangements? \_\_\_\_\_

If joint custody, is other parent aware of you seeking counseling for your child/teen? \_\_\_\_\_

Step Parents: Age \_\_\_\_\_ Health \_\_\_\_\_ Relationship with child/teen \_\_\_\_\_

Any other persons living in the same household with child/teen? If yes, who? \_\_\_\_\_

Has there been any abuse in your child/teen's history? If yes, please explain \_\_\_\_\_

**ABOUT YOUR CHILD/TEEN**

Most of the time, my child/teen is: (check all that apply):

Happy \_\_\_ Joyful \_\_\_ Funny \_\_\_ Excited to participate \_\_\_ Eager \_\_\_ Cooperative \_\_\_ Attentive \_\_\_ Focused \_\_\_ Likes to learn new things \_\_\_ Loving \_\_\_ Kind \_\_\_ Empathetic to others \_\_\_ Loves animals \_\_\_ Takes care of those smaller than him/her \_\_\_ Likes Outdoors \_\_\_ Shares \_\_\_ Tells the truth \_\_\_ Sad \_\_\_ Depressed \_\_\_ Low Energy \_\_\_ Seems to be drawn to dangerous situations \_\_\_ Disruptive \_\_\_ Poor Grades \_\_\_ Uncooperative \_\_\_ Lacks Focus \_\_\_ Unkind \_\_\_ Mean to Others \_\_\_ Has hard time sharing \_\_\_ Lies \_\_\_ Doesn't seem to laugh much \_\_\_ Is the Class Clown \_\_\_ Finds school work difficult \_\_\_ Likes his friends \_\_\_ Has difficulty making friends \_\_\_ Curious \_\_\_ Rebellious \_\_\_ Listens and follows directions \_\_\_ Gets along well with others \_\_\_ Affectionate \_\_\_ Dislikes affection \_\_\_ Helpful \_\_\_ Others \_\_\_\_\_

How does your child/teen express his/her anger? Check all that apply: Yelling \_\_ Outbursts of Temper \_\_\_\_  
Kicking/Hitting\_\_\_\_ Crying \_\_\_\_\_ Withdraws \_\_\_\_\_ Pouts \_\_\_\_\_ Picks on or teases other siblings\_\_\_\_  
Threatens other family members \_\_\_\_\_ Pretends not to be angry \_\_\_\_\_ Talks about it to you \_\_\_\_\_  
Refuses your directives \_\_\_\_\_ Talks back \_\_\_\_\_ Destroys property \_\_\_\_\_ Ignores his/her feelings \_\_\_\_\_  
Does not obey you \_\_\_\_\_ Other \_\_\_\_\_

Does your child/teen have any fears? If yes, please list and explain: \_\_\_\_\_  
\_\_\_\_\_

In your own words, how do you describe your child/teen's personality? \_\_\_\_\_  
\_\_\_\_\_

What do you see as three main strengths your child/teen has?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list your three main concerns you have about your child/teen:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What was the initial reason or the precipitating factor which caused you to seek counseling for your child/teen at this time? \_\_\_\_\_  
\_\_\_\_\_

Has you ever sought counseling for your child/teen previously? \_\_\_\_\_

If so, at what age, and for what reason? Length of time? \_\_\_\_\_  
\_\_\_\_\_

**INSURANCE INFORMATION:**

Insurance Information: Name of Insurance Co \_\_\_\_\_

Insurance ID # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Subscriber \_\_\_\_\_ Subscriber's Birth Date \_\_\_\_\_

The above information was provided by: \_\_\_\_\_

Relationship to child/teen: \_\_\_\_\_

You were referred by? \_\_\_\_\_

I have read and signed the Consent for Treatment Agreement: \_\_\_\_\_

Print Name \_\_\_\_\_

Your Signature \_\_\_\_\_ Today's Date \_\_\_\_\_