

Eleos Christian Counseling Services Intake Questionnaire

Today's Date _____

Child's Name & DOB _____

Parent's Name _____

Please tell me a little about your child's strengths and personality.

Explain current symptoms or behaviors

Are you concerned at all for your child's safety?

When did these symptom's first begin and was there any significant stress going on in the family or for your child at this time?

How have these symptoms changed over time?

Is there any family history of depression, anxiety, or other mental illness?

Have you discovered anything that has helped or made things worse?

Have you tried any medications, supplements or diet changes, if so please list these, and any information on whether or not they were helpful.

What would you like to see change for your child as a result of doing counseling?