

Parent's Intake Form for Turning Point Acupuncture and Counseling

Child's Name _____ **Nickname** _____

Parents Names _____

Today's Date _____

What behaviors or symptoms have prompted you to bring your child in?

How long has this been affecting your child?

Condition causing variations in problem:

What makes problem worse?

What makes the problem better?

Has your child ever been so sick that you or anyone else was really concerned about your child? If yes, please explain.

Has any other member of your family been so sick that you were concerned about him or her? If yes, please explain.

Thank you for completing this form. Your thorough responses provide valuable information that will help be better serve you, your child, and your family.

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Has your child ever been hospitalized? If yes, please explain.

Has your child ever been administered anesthetics?

Has your child ever been to a funeral or wake?

Have any family pets died? If yes, then when and which pet?

What prayers, if any, does your child say?

What religion, if any, do you follow?

When you were carrying your child or when he/she was born, was there any kind of problem with the pregnancy or birth? If yes, please explain.

Did you have any thoughts or discussion of termination of the pregnancy while you were pregnant with your child?

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Describe your relationship with your child:

Describe the relationship of other parental figures (i.e. step-parents, non-custodial parent, other adults actively raising your child) with child:

Is there a sibling that he or she particularly gets along with or does not get along with?

Brother/Sister Name	Age	Health/Relationship/Rivalry
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have a relationship with his or her grandparents?

Does your family have any pets?

Would you say your child has a lot of friends, few friends, no friends?

Have you ever been called to school because of discipline or scholastic difficulties?

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Does your child have any nervous habits? (sleepwalking, nightmares, nail biting, frightened repeatedly)

Does your child have any hobbies, special interests, favorite programs?

How is your relationship with your spouse (or ex-spouse) around children, in regard to the children?

How old was your child when you divorced?

What types of arguments is or was your child exposed to? (any physical violence?)

Has your child ever voiced responsibility for your arguments? Or other situations?

Has your child experienced any traumatic incidents (accidents, emotional incidents, molestations):

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What are your expectations of your child, daily and long term?

Is there anything I should know in order to be able to help your child?

Is there anything I should know about your child that you don't want him or her to know?

What do you expect from your child's therapy?

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