# Sedigheh "Dokie Riahi" Kashani, M.A., LMFT

**850 Middlefield Rd., Suite 4**
**Palo Alto, CA 94301**
**Phone: 408-691-6528**
**Fax: 650-485-2511**


Greetings Legal Guardians,

My first priority is to get to know your child. While learning about your child will be an ongoing process, our first meetings will be focused primarily on such information gathering. In order to utilize our time together during this phase more sufficiently, I request that you please take the time to legibly fill-out the form below and bring it with you to your first meeting. Please note that, due to the sensitive materials that may be disclosed during the information gathering phase, the initial meetings regarding minor clients will only take place between legal guardian(s) and me.

In completing this form, if any area is unclear for you, please leave it blank and review it with me during your first appointment. Please note that if this form is not completed prior to your first meeting, you will be asked to complete it prior to entering your first meeting or during your appointment time.

While you are welcomed to type your responses on the Word document directly and/or personally drop the form off, in a sealed envelope, during business hours prior to your first appointment; **do not e-mail, mail, or have the form transported by your child, as once it is completed, this form will contain information that needs to be treated confidentially. In addition, some contents disclosed in the form may be unknown to your child or be of delicate nature thus distressing your child if he/she reads them during transportation.**

Please feel free to contact me with any questions or concerns at (408) 691-6528.

I look forward to meeting you.

Sincerely,

Dokie Riahi, LMFT

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# Adolescent Intake

***The information below must be provided by the youth's legal guardian(s).***

## BACKGROUND INFORMATION

**Youth's full name** _____ **Date** _____

**School** _____
Name Street City Zip

**Current grade _____, if not currently in school what was the last grade completed _____**

**Date of birth ____/_____/_____** **Age _____** **Gender:** Male Female

**Ethnicity** _____

**Language(s) spoken** _____

**Religion** (if any) _____

**Home Address** _____
Name Street City Zip

**Youth's status** (please check): ☐ Single ☐In a relationship ☐Married

**Is youth employed?** Yes No
**If yes, what does he/she do?** _____

**How many children has youth conceived? _____**
**How many children does youth have? _____**

**1. Telephones:** please provide the telephone number(s) of the youth's parent(s)/guardian(s). Feel free to use the blank boxes to provide alternative numbers of parent(s)/guardian(s).

| Where | Full name of contact person | Contact person's relationship to youth | Number | Is it OK to leave you a message at this number? |
|---|---|---|---|---|
| Home | | | ( ) | Yes No |
| Work | | | ( ) | Yes No |

| | | | | |
|---|---|---|---|---|
| Cell | | | ( ) | Yes No |
| Emergency Contact | | | ( ) | Yes No |
| Alternative 1 | | | ( ) | Yes No |
| Alternative 2 | | | ( ) | Yes No |

**Note:** Please be advised that if there is an emergency during my work with your child, where I have reasonable suspicion about your child injuring him/herself or others or where your child is judged to need immediate psychiatric or medical care, I will take the necessary steps within the limits of the law, to keep your child safe. Depending on the severity of the situation, these steps may include, but are not limited to, informing you, contacting an ambulance, or seeking the support of the police. Should such a situation present itself and I cannot reach you, I may have to contact the person(s) whose name you have provided on the "emergency" and "alternative" sections above.

## FAMILY PROFILE

**2. Information about youth's legal guardian(s):** parents, step-parents, adopted parents, and foster parents.

| **Full name of guardian** | **Guardian's relation to the youth** **(ex: mother, father, grandmother, grandfather, aunt, uncle, etc.)** | **Guardian's role** **Please circle one** | **Guardian's age** | **Guardian's ethnicity** | **Languages spoken by guardian** |
|---|---|---|---|---|---|
| | | Parent<br>Step-parent<br>Adopted-parent<br>Foster-parent | | | |
| | | Parent<br>Step-parent<br>Adopted-parent<br>Foster- | | | |

| | | | | | |
|---|---|---|---|---|---|
| | | parent | | | |

**3. Information about youth's <u>biological parents</u> if different from question # 2 above:**

| Full name of parent | Relation to the youth | Parent's age | Ethnicity | Languages spoken by parent |
|---|---|---|---|---|
| | | | | |
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**4. Information about all who <u>live</u> with the youth including parents and guardians even if already named above as part of questions # 2 and/or 3.**

| Full name | Relation to the youth | Age |
|---|---|---|
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**5. If youth is adopted, at what age did the adoption occur _____ Does youth know?** Yes No

## DEVELOPMENT

**6. Was youth a full term (9 month) baby?** Yes No
**If not, was the baby: premature or late** (please circle one)
**By how many weeks: _____**

**7. Did the youth have any complications during or post being delivered?** Yes No

**8. Did mother have any complications during or post delivery?** Yes No

**9. Did the youth have any problems with feeding as an infant?** Yes No

**10. Was the youth underactive or overactive during infancy?** Yes No

**11. How would you describe youth during infancy?** Calm Moderate Fussy

**12. If you answered "yes" to any of the items between 7 and 10, please explain:**

_____
_____
_____
_____
_____
_____

**13. To the best of your recollection, at what age did the youth:**
**Say first word: _____**
**Use 2-3 word sentences: _____**
**Sat alone: _____**
**Crawled/crept/scooted: _____**
**Walked alone: _____**
**Toilet trained: _____**

## MEDICAL INFORMATION

**14. Previous Therapy** (Check all that apply);
☐None ☐Individual ☐Couple ☐Family ☐Group ☐Inpatient
Name of Therapist _____ How long?
_____For what? _____
Results? _____
☐None ☐Individual ☐Couple ☐Family ☐Group ☐Inpatient
Name of Therapist _____ How long?
_____For what? _____
Results? _____
☐None ☐Individual ☐Couple ☐Family ☐Group ☐Inpatient
Name of Therapist _____ How long?
_____For what? _____
Results? _____

**15. Has youth ever been hospitalized for mental or emotional problems?** Yes No
If yes:

| When was he/she hospitalized? | For how long was he/she hospitalized? | Why was he/she hospitalized? |
|---|---|---|
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**16. Please clearly list all regularly taken medication by youth. Make sure to include prescribed as well as any over-the-counter medications** (use the back of this paper or attach an additional sheet if needed).

| **Name of medication** | **Dosage** | **How Often Is It Taken** | Please put a "P" for **Prescribed or** "OTC" for **Over-the-counter** | **Reason taken** | **Major Side Effects** |
|---|---|---|---|---|---|
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**17. Medical history** (please check all that apply to the youth and describe below):

| | | | |
|---|---|---|---|
| ☐ Head injury/stroke | ☐ Thyroid problems | ☐ Chronic pain (incl. location) _____ _____ | ☐ Sexually Transmitted Disorder (STD) |
| ☐ Loss of consciousness | ☐ Cancer | ☐ Trouble controlling urine or bowel | ☐ Respiratory problems |
| ☐ Kidney disease | ☐ Diabetes | ☐ Allergies | ☐ Seizures |
| ☐ Heart/vascular problems | ☐ Sleep disturbances | ☐ Adverse reaction to meds | ☐ Recurrent pain (please indicate location) _____ |

| | | | |
|---|---|---|---|
| | | | _____ _____ |
| ☐ Hypertension/high blood pressure | ☐ Appetite changes | ☐ Auditory problems | ☐ Visual problems |
| ☐ Liver disease | ☐ Weight changes | ☐ Pregnancy | ☐ Other (please name) _____ _____ |

Please explain all marked items (**EXAMPLE**: if you checked "Respiratory Problem" write "has asthma but is under control with medication"):

_____
_____
_____
_____
_____

**18. Has the youth had a physical examination within the past 6 months?** Yes No

**19. Is the youth under the care of a primary care physician?** Yes No
**If yes, what is the name _____ and phone numbers _____ of youth's doctor.**

**20. Please list substances used by the youth** (ex: alcohol, stimulants, sedatives, hallucinogens, nicotine, caffeine, misuse of medication, huffing, etc.): If the youth has used no substances write "none" under the Type column.

| Type | Date of Last Use | Amount of Last Use | Frequency and Amount of Use | Length of Time Using | Age of First Use |
|---|---|---|---|---|---|
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**Has the youth been involved with any recovery programs?** Yes No

**If yes, please complete below:**

| Name of program | Reason entered | Date entered program | Date ended program |
|---|---|---|---|
| | | | |
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## RESOURCES

**21. What are the youth's strengths?** For example, what is he/she good at? How would you describe his/her personality? What does he/she like to do?

_____
_____
_____
_____
_____
_____
_____
_____

**22. Where does the youth get his/her support from? Where or to whom does he/she reach out to when needing support?** (ex: teacher, parents, grandparents, siblings, church, friends, etc.)

_____
_____
_____
_____
_____

## STRESSORS

**23. Stress factors:** in life there are many stressors which impact us. Below are some common stressors that people face as well as some ways people respond to stress while trying to adjust to them. Please check all that apply to the youth. If you mark "yes" on any question, provide an explanation. Feel free to use additional paper or the back of the form if the explanation box is too small. However, keep in mind that you will have time to verbally elaborate on these matters during your first meeting. Here is an **EXAMPLE** of how to answer the questions below:

| Yes | | If yes, please explain. Include dates when possible. |
|---|---|---|
| A) ☑ | Does the youth hurt or threaten to hurt or kill others? Is he/she physically aggressive? | When mad Mary says "I wish you were all dead" however, she has never physically hurt anyone or acted on these words. |
| D) | Has the youth experienced trauma? | Mary was hit by her step-father from the age of 3 years to 6 years. She was slapped, hit with a belt, |

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|---|---|---|
| ☑ | | and pushed. As a result she got bruises and removed from her house by CPS in June of 2004. |
| E) ☑ | Has the youth experienced Neglect or Abuse? | See explanation for question D. |
| G) ☑ | Is the youth at the center of any legal issues (ex: custody issues, criminal charges, etc.)? | Mary's parents lost custody of her in June 2004. I adopted Mary in August 2005. |

Now it's your turn.

| **Yes** | | **If yes, please explain. Include dates when possible.** |
|---|---|---|
| A) ☐ | Does the youth hurt or threaten to hurt or kill others? Is he/she physically aggressive? | |
| B) ☐ | Does the youth try to kill or harm him/herself (ex: head-banging, cutting, suicide attempts, etc.)? Does youth ever express wishing to die? | |
| C) ☐ | Does the youth have access to weapons? | |
| D) ☐ | Has the youth experienced trauma? | |
| E) ☐ | Has the youth experienced Neglect or Abuse? | |
| F) ☐ | Has the youth witnessed domestic violence? | |
| G) ☐ | Is the youth at the center of any legal issues (ex: custody issues, criminal charges, etc.)? | |
| H) ☐ | Does the youth have crime/gang involvement? Or, is anyone in the youth's family involved with crime/gangs? | |
| I) ☐ | Has the youth ever attempted to runaway? | |

| | | |
|---|---|---|
| J) ☐ | Does the youth display any inappropriate/risky sexual behavior (ex: excessive interest in sex or self-stimulation)? Is the youth having sex? | |
| K) ☐ | Does the youth or has the youth used any drugs and/or alcohol? Are there any family members that have or continue to use drugs and/or alcohol? | |
| L) ☐ | Does the youth experience cultural isolation (ex: discrimination, rejection, isolation, etc.)? | |
| M) ☐ | Is the youth at risk of homelessness? | |
| N) ☐ | Is the youth frequently sad or crying? | |
| O) ☐ | Is the youth frequently fearful? Does the youth express many worries? Is the youth often too anxious to take risks? | |
| P) ☐ | Is the youth secretive or withdrawn? | |
| R) ☐ | Does the youth have problem at bedtime (ex: difficulty falling asleep or walking-up, nightmares, sleepwalking, etc.)? | |
| S) ☐ | Does the youth have eating problems (being overweight or underweight)? Does the youth have an excessively negative feelings about his/her body? | |
| T) ☐ | Does the youth fear or avoid certain people or places? | |
| U) ☐ | Does the youth have temper outbursts? Does he/she excessively yells, fights, or hit? | |

| | | |
|---|---|---|
| V) ☐ | Does the youth destroy property/things? | |
| W) ☐ | Does the youth lie or steal? | |
| X) ☐ | Is the youth cruel to animals? | |
| Y) ☐ | Does the youth routinely disobey adults? | |
| Z) ☐ | Does the youth set fires? | |
| A2) ☐ | Does the youth have difficulty controlling his/her bowels or urine which results in self soiling or bedwetting? | |
| B2) ☐ | Does the youth express frequent physical complaints (ex: headaches, stomachaches, etc.)? | |
| C2) ☐ | Has the youth experienced parental separation/divorce (please include date of separation/divorce)? | |
| D2) ☐ | Has the youth experienced a recent move? | |
| E2) ☐ | Is the youth's mother experiencing difficulties? | |
| F2) ☐ | Is the youth's father experiencing difficulties? | |
| G2) | Has a new sibling been added to the family either through birth, | |

| | | |
|---|---|---|
| ☐ | adoption, blending of families, etc? | |
| H2) ☐ | Is anyone in the family experiencing chronic illness? | |
| I2) ☐ | Is anyone in the family dealing with mental illness? | |
| J2) ☐ | Has there been a recent death in the family (including significant pets)? | |
| K2) ☐ | Is the youth's family experiencing any financial problems? | |
| L2) ☐ | Has the youth experienced any recent changes in school? | |
| M2) ☐ | Has there been a recent decline in youth's grades? | |
| N2) ☐ | Has the youth always struggled academically? | |
| O2) ☐ | Is the youth overly active? | |
| P2) ☐ | Does the youth have difficulty with attention and concentration? | |
| Q2) ☐ | Does the youth have difficulty with school attendance? | |
| R2) ☐ | Does the youth have frequent conflict with peers? | |

| | | |
|---|---|---|
| | | |
| S2) ☐ | Has the youth been suspended from school? | |
| T2) ☐ | Does the youth complain of being teased or bullied? | |
| U2) ☐ | Does the youth have any friends? | |
| V2) ☐ | Does the youth have any learning difficulties? | |
| W2) ☐ | Is the youth receiving special education? | |

## CURRENT CONCERNS AND GOALS

**24. List your reason(s) for seeking counseling at this time.**

**(1) _____**
**(2) _____**
**(3) _____**
**(4) _____**

## SIGNATURE

**Full name of the person filling-out this form _____**

**Signature of the person filling-out this form _____**

**If anyone helped you fill this form (by offering translation, etc.) please complete the following:**

**What is the full name of the person who helped you? _____**

**What relation does this person have to the youth? _____**

**Is this person 18 year old or older? Yes No**

**If no, how old is this person? _____**