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

850 Middlefield Rd., Suite 4
Palo Alto, CA 94301
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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

Sedigheh "Dokie Riahi" Kashani, M.A., LMFT
850 Middlefield Rd., Suite 4
Palo Alto, CA 94301
408-691-6528

Child Intake

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

BACKGROUND INFORMATION

Child'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

1. Telephones: please provide the telephone number(s) of the child'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 child**	**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 child's legal guardian(s): parents, step-parents, adopted parents, and foster parents.

Full name of guardian	**Guardian's relation to the child** **(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 Step-parent Adopted-parent Foster-parent			
		Parent Step-parent Adopted-parent Foster-parent			

3. Information about child's biological parents if different from question # 2 above:

Full name of parent	**Relation to the child**	**Parent's age**	**Ethnicity**	**Languages spoken by parent**

4. Information about all who live with the child including parents and guardians even if already named above as part of questions # 2 and/or 3.

Full name	Relation to the child	Age

5. If child is adopted, at what age did the adoption occur _____ Does child know? Yes No

DEVELOPMENT

6. Was child 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 child 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 child have any problems with feeding as an infant? Yes No

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

11. How would you describe child 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 child:

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 ☐Family ☐Group ☐Inpatient
Name of Therapist _____ How long?
_____For what? _____
Results? _____
☐None ☐Individual ☐Family ☐Group ☐Inpatient
Name of Therapist _____ How long?
_____For what? _____
Results? _____
☐None ☐Individual ☐Family ☐Group ☐Inpatient
Name of Therapist _____ How long?
_____For what? _____
Results? _____

15. Has child 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?

16. Please clearly list all regularly taken medication by child. 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**

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 child (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

Has the child been involved with any recovery programs? Yes No

If yes, please complete below:

Name of program	Reason entered	Date entered program	Date ended program

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 child. 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 child 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 child 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, and pushed. As a result she got bruises and removed from her house by CPS in June of 2004.
E) ☑	Has the child experienced Neglect or Abuse?	See explanation for question D.
G) ☑	Is the child 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 child hurt or threaten to hurt or kill others? Is he/she physically aggressive?	
B) ☐	Does the child try to kill or harm him/herself (ex: head-banging, cutting, etc.)? Does child ever express wishing to die?	
C) ☐	Does the child have access to weapons?	
D) ☐	Has the child experienced trauma?	
E) ☐	Has the child experienced Neglect or Abuse?	
F) ☐	Has the child witnessed domestic violence?	
G) ☐	Is the child at the center of any legal issues (ex: custody issues, criminal charges, etc.)?	
H) ☐	Does the child have crime/gang involvement? Or, is anyone in the child's family involved with crime/gangs?	
I) ☐	Has the child ever attempted to runaway?	
J)	Does the child display any	

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

☐		
X) ☐	Is the child cruel to animals?	
Y) ☐	Does the child routinely disobey adults?	
Z) ☐	Does the child set fires?	
A2) ☐	Does the child soil him/herself or wets the bed?	
B2) ☐	Does the child express frequent physical complaints (ex: headaches, stomachaches, etc.)?	
C2) ☐	Has the child experienced parental separation/divorce (please include date of separation/divorce)?	
D2) ☐	Has the child experienced a recent move?	
E2) ☐	Is the child's mother experiencing difficulties?	
F2) ☐	Is the child'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 pet)?	
K2) ☐	Is the child's family experiencing any financial problems?	
L2) ☐	Has the child experienced any recent changes in school?	
M2) ☐	Has there been a recent decline in child's grades?	
N2) ☐	Has the child always struggled academically?	
O2) ☐	Is the child overly active?	
P2) ☐	Does the child have difficulty with attention and concentration?	
Q2) ☐	Does the child have difficulty with school attendance?	
R2) ☐	Does the child have frequent conflict with peers?	
S2) ☐	Has the child been suspended from school?	

T2) ☐	Does the child complain of being teased or bullied?	
U2) ☐	Does the child have any friends?	
V2) ☐	Does the child have any learning difficulties?	
W2) ☐	Is the child receiving special education?	

CURRENT CONVERNS 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 child? _____

Is this person 18 year old or older? Yes No

If no, how old is this person? _____