

**Lynda L. Namey, CCC, CPC**  
**Christian Counselor**

1106 Cocoa Avenue, Suite 2, Hershey, PA 17033  
lyndacompletehealth@gmail.com  
(717) 520-1212

CHILD / ADOLESCENT INTAKE ASSESSMENT

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ M F Social

Security #: \_\_\_\_\_

Address:

\_\_\_\_\_

DOB: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent(s)/Guardian(s):

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone  
#: \_\_\_\_\_

Who lives in the home at the current time? (name, age, relationship):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for seeking counseling:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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Has the child had previous counseling: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Only as a part of the family:

\_\_\_\_\_ Where? \_\_\_\_\_

When? \_\_\_\_\_

Was it helpful?

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Has the child had previous substance abuse treatment? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Only as part of family: \_\_\_\_\_

Where? \_\_\_\_\_

When? \_\_\_\_\_

Was it helpful?

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**EDUCATIONAL HISTORY**

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

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

School Counselor/Social Worker:

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Has the child ever been diagnosed? Learning Disability: \_\_\_\_\_ ADHD: \_\_\_\_\_ Autism:

\_\_\_\_\_ Sensory Integrative: \_\_\_\_\_ Oppositional Defiant: \_\_\_\_\_ Emotionally Impaired: \_\_\_\_\_

Physical Impairment: \_\_\_\_\_ Pervasive Developmental Dis. \_\_\_\_\_

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Describe the child's academic performance:

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Does the child struggle with distractibility? Yes: \_\_\_\_\_ No: \_\_\_\_\_ School thinks so, I'm unsure \_\_\_\_\_

Sometimes: \_\_\_\_\_

Has the child struggled with any of the following? \_\_\_\_\_Truancy \_\_\_\_\_Suspension  
\_\_\_\_\_Fighting \_\_\_\_\_Vandalism \_\_\_\_\_Expulsion \_\_\_\_\_Defiance \_\_\_\_\_School Refusal  
\_\_\_\_\_Threatening Behaviors \_\_\_\_\_Weapons \_\_\_\_\_Separated from Parent

What does the child do well with at school? \_\_\_\_\_

Has the child ever been held back? \_\_\_\_\_No \_\_\_\_\_Yes, When?

**LEGAL SYSTEM INVOLVEMENT**

Has the child been involved with the legal system? \_\_\_\_\_Yes, in the past \_\_\_\_\_Currently  
\_\_\_\_\_No

If so, please explain:

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Is the child on probation? \_\_\_\_\_No \_\_\_\_\_Yes, Probation Officer:

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**FAMILY HISTORY**

Does anyone in the extended family unit have a history of alcoholism? \_\_\_\_\_No \_\_\_\_\_Yes,  
Please

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Explain:

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Drug Abuse?  No  Yes, Please Explain:

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Depression?  No  Yes, Please Explain:

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Anxiety?  No  Yes, Please Explain:

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Mental Illness?  No  Yes, Please Explain:

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Has the child ever been abused?  No  Yes,  Physical  Emotional   
Sexual  Spiritual  Verbal, Please Explain:

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**HEALTH HISTORY**

Where was the child born? \_\_\_\_\_

Adopted?  N  Yes, at age \_\_\_\_\_

Explain any complications the mother had during pregnancy or labor:

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Child's Physician/Pediatrician:

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Is the child being treated for a medical condition?

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Please list hospitals:

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Please list current medications:

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Please list current allergies:

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Has the child ever had a seizure? \_\_\_\_ No \_\_\_\_ Yes, Specify:

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Has the child ever had a head injury? \_\_\_\_ No \_\_\_\_ Yes, Specify:

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Does the child complain of frequent headaches? \_\_\_\_ No \_\_\_\_ Yes, Specify:

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Does the child complain of dizziness? \_\_\_\_ No \_\_\_\_ Yes, Specify:

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Does the child have current difficulties with wetting/spoiling? \_\_\_\_ No \_\_\_\_ Yes,  
Specify: \_\_\_\_\_

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Does the child have adequate personal hygiene habits? \_\_\_\_No \_\_\_\_Yes

At what age did the child walk: \_\_\_\_\_ Talk: \_\_\_\_\_ Complete  
Toilet Training \_\_\_\_\_

Eating Habits? \_\_\_\_No Change \_\_\_\_Not Eating \_\_\_\_Overeating Significant \_\_\_\_Weight  
Change \_\_\_\_Lbs. \_\_\_\_Selective Eating Habits

\_\_\_\_Other

Sleeping Habits? \_\_\_\_No Change \_\_\_\_Trouble Getting to Sleep \_\_\_\_Trouble Staying  
Asleep \_\_\_\_Early Waking \_\_\_\_Sleepwalking \_\_\_\_Nightmares/Terrors

\_\_\_\_Other

**HARMFUL BEHAVIORS**

Are you concerned about suicidal statements or gestures with the child? \_\_\_\_No \_\_\_\_Yes,  
Specify:

Prior Attempt?

Explain: \_\_\_\_\_

Are you concerned about the child seriously injuring others? \_\_\_\_No \_\_\_\_Yes, Specify:

Prior Attempt? Explain:

Other Risks/ Safety

Factors \_\_\_\_\_

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**PERSONALITY**

Does the child form friendships easily? \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ Only in Small Crowds

Does the child struggle with any of the following? \_\_\_\_ "Late Bloomer" \_\_\_\_ Bullying

\_\_\_\_ Easy Target \_\_\_\_ Extremely Shy \_\_\_\_ Needs Social Reassurance

\_\_\_\_ Other

Who is the child's best friend at the current time?

\_\_\_\_\_

What does the child do well with socially?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are some of the child's favorite activities/toys?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the child part of any groups/organizations? \_\_\_\_ No \_\_\_\_ Yes, what?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cultural Heritage:

\_\_\_\_\_

**SPIRITUALITY**

Is your family affiliated with a church? \_\_\_\_ No \_\_\_\_ Yes, where?

\_\_\_\_\_

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Who is the minister/reverend?

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How often do you attend? \_\_\_\_\_ Regularly \_\_\_\_\_ Sporadically \_\_\_\_\_ Holidays \_\_\_\_\_ Never  
Is the child involved in a church youth group? \_\_\_\_\_ No \_\_\_\_\_ Yes, explain:

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**PREPARATION FOR COUNSELING**

Have you spoken with the child about why he/she is coming to counseling? \_\_\_\_\_ No \_\_\_\_\_ Yes  
What is the last major change in the child's life?

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Has the child ever experienced a traumatic event? \_\_\_\_\_ No \_\_\_\_\_ Yes, explain:

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Is there anything else that the therapist should know about the child?

Is there anyone else who should be invited into the counseling process with the child?

Comments

**TREATMENT PLANNING**

What would you like to see occur from counseling services for the child?

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## CLIENT INTAKE FORM

### Part I - Legal Policies

I understand this is a faith-based, Christian counseling service. Lynda L. Namey, is a Certified Christian Counselor, not a psychologist, and as such, will **NOT** testify in any litigation. In the unlikely event of subpoena, “the counselor” will exercise his/her right to fully invoke the clergy/client confidentiality privilege for the sole purpose of protecting his/her position as clergy, and the sacred trust of those he counsels.

I understand no guarantees of any kind have been represented to me by “the counselor”, as to my personal experiences, or the possible results of this counseling. I agree and understand payment for professional services is required at time of the visit, and that this office will not bill in lieu of payment. I will pay any legal or collection fees related to nonpayment of my bill, including worthless check charges. I accept full responsibility for charges for myself, my dependent children, or “Client” named above. I understand any threats of imminent harm to self, or others, including but not limited to, child molestation/abuse, and/or elder molestation/abuse, must be reported by Lynda Namey to the proper authorities.

I understand there is a **MANDATORY 24 hr. Cancellation policy** that states I am liable for reserved appointment time fees/costs in full, prior to the next appointment.

I release all liability, in any form, that may be charged against “the counselor”, by myself, or my estate, for actions concerning this counseling, Lynda Namey, and Complete Health, shall not be liable for any damages or injury arising out of counseling, Lynda Namey, and Complete Health, disclaims all liability for direct, indirect, incidental, consequential, punitive, and special or other damages, lost opportunities, lost profit or any other loss or damages of any kind. I enter into this agreement of sound mind, without influence of drugs, alcohol, or duress.

My signature below testifies that **I have read, and do understand**, the entire contents of this Intake Form. Upon request, I will be provided with a copy of this form.

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Client Signature:

\_\_\_\_\_

Date:

Witness Signature:

\_\_\_\_\_

Date:

**CLIENT INTAKE FORM**  
**Part II - Legal Policies**

The following statements document some of the client responsibilities in the counseling setting. To enter into a contractual agreement for service with Lynda Namey, the client must read the following statements and avail themselves of the opportunity to discuss and ask questions regarding policies and procedures of this service with the counselor of record.

The client must also review, and acknowledge these steps, by reading the Intake Forms, Disclosure Statements, and any other documentation provided to the client by Lynda Namey, in a deliberate, thoughtful, timely, and responsible manner. The client's signature indicates his/her agreement of Policy Compliance.

The client's signature also indicates his/her understanding of form content and client's responsibilities to the counseling process. Client also agrees that Lynda Namey has provided satisfactory explanations during their initial contact regarding him/her counseling goals, interventions, plans, and procedures, as mutually accepted between counselor and client, for the positive, personal growth of the client.

Any other party whom the client may indicate in writing they choose to add to their counseling arena, will be requested to comply with the policies. They will need to sign the necessary forms and releases before being allowed to participate in client's sessions. I waive confidentiality protocols, if any other party, including family members participates by my request in my personal counseling sessions. There are no exceptions to this rule.

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Client Signature:

\_\_\_\_\_

Date:

Witness Signature:

\_\_\_\_\_

Date:

**CONFIDENTIALITY AGREEMENT**

The conversations that we have within our sessions are confidential and will be protected as such. Information will be shared outside of our sessions only with your written consent or in the event that a Court Judge demands it; however, the following are instances where I would be obligated by law to break our confidential agreement without your permission:

- If it is assessed during your participation in sessions that abuse or neglect of children or elder is occurring.
- If in my presence you threaten to kill or harm another individual, and I am convinced that you will act on this threat, or you may lose control of your actions.
- If at any time during the course of our sessions, I determine that you are a danger to yourself, I will inform you of that opinion and make every effort to keep you from endangering your life. In some cases this may include notifying the police or family members.

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Thank you or working with me.

Lynda L. Namey, CCC, CP