



Dr. Miho Counseling Room

<https://drmiho.com>

katsumatam@gmail.com

4, Ramkhamhaneg 129/4, Saphan Soong, Saphan Soong, Bangkok 10240

Counseling / Psychoeducational Assessment Intake Form (Children)

This questionnaire is necessary for me to better understand my clients and to better ensure assistance in clients' personal growth. If you would like to make the most of the time of your initial consultation, I recommend that you complete and submit this questionnaire in advance.

1. General Information

Today's Date:

Your Child's Name:

Date of Birth:

Age:

Address:

Parent/Guardian Name:

Parent/Guardian Phone Number:

Parent /Guardian Email:

Referral by (If Any):

Reason for Seeking Counseling / Assessment:

Support received so far and its effect. If you are currently receiving treatment from a psychotherapist or psychiatrist, please provide details including diagnosis / medication (if there is any).

2. Please describe your child's family structure. Please also briefly mention each member's age, occupation (or student status), relationship with other members in the family, personality, or issues (if they have any).

3. Please tell me about your child's developmental history (growth milestones, health issues, school performance, friends, etc.)

4. Please tell me about your child's current situation.

1) Does your child participate in any extracurricular activities such as sports, music, etc.?

2) What are your child's strengths/hobbies?

3) How are his/her relationships with friends and classmates?

4) How are his/her relationships with family members?

5) How does he/she express emotions (anger, joy, sadness, fear, etc.)?

6) What are the rules / discipline / parenting style in your home? How does your child respond to them?

7) Are there any signs of past trauma affecting your child?

8) Please describe anything that has helped you and your child to have a better relationship or to do well in school.

5 Please write about anything else you would like to share with me.