
GENERATIONS FAMILY GUIDANCE

2560 U.S Highway 22 | Scotch Plains, NJ 07076 |

Phone: 732-309-7022 | Fax: 908-228-2260 | DParraaway@generationsfamilyguidance.com |

Intake Form

Therapist's Name _____ Today's Date _____

Youth's Name: _____
Last First Middle (Nickname)

DOB: _____ Gender _____ Referral Source _____

Address: _____ Phone: _____

Current School: _____ Grade: _____ Alternate Phone: _____

Does the child have an IEP (if so Full-scale IQ, classification)? _____

Youth and Family Vision:

Youth and family greatneses / strengths:

Need #1:

Need #2:

Need #3:

Strategies/Objectives for Need #1:

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Strategies/Objectives for Need #2:

Strategies/Objectives for Need #3:

Techniques/Modalities that will be used during weekly sessions for need #1

Techniques/Modalities that will be used during weekly sessions for need #2

Techniques/Modalities that will be used during weekly sessions for need #3

Long term goals/Desired outcome

- 1.
- 2.
- 3.

Barriers youth or family displays for services?

Diagnosis history (WHO diagnosed and when) _____

Current Medications: ____ Yes ____ No

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Suicidal or homicidal ideation, thoughts, attempts? (Include dates, method, and outcomes) None

**** If there is current SI/HI, what is the Safety Plan?

Eating or sleeping problems in the last 30 days? None _____

Nightmares, (auditory or visual) hallucinations, or self-mutilation behaviors? None

Identify problem behaviors (that you can see and measure) the frequency/duration: _____

How are these problem behaviors handled? (reassure the parents that we are not here to judge we need honest answer to better help them) _____

How are the parents taking care of themselves? _____

Youth Signature _____

Date: _____

Parent Signature _____

Date: _____

Therapist's Signature _____

Date: _____

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Child's Team Member Contact List

(To be left with family)

Child's Name _____

Date _____

1. Therapist _____

2. Care Manager _____

Company _____

Company _____

Phone _____

Phone _____

Cell _____

Cell _____

Fax # _____

Fax # _____

3. Behavioral Assistant _____

4. (DCP&P, probation etc.) _____

Company _____

Company _____

Phone _____

Phone _____

Cell _____

Cell _____

Fax # _____

Fax # _____

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