



Intake for New Patients (CHILDREN AND TEENS)

What brings you here?

How old is your Child?

What is your relationship to the child?

What is the Gender of your Child?

How is your Child's sleeping and eating?

Is your Child having any Anxiety, depression, Panic, Focus Issues or Behavioral Issues?
Be Specific

Who referred you to my Practice?

Has your Child had Counseling before?

Does your Child go to School?

Does your Child use Alcohol, Drugs or Smoke?

What is your relationship like with your Child?

Do you like the friends your Child has?



Anxiety and Depression
COUNSELING CENTER
Healthy Mind Healthy Life

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