Welcome to Promise Ranch!

We understand that the amount of paperwork required during the first visit can be overwhelming. This information is important for your care. Please fill out forms as completely as possible and have them ready before your first counseling session. If you feel uncomfortable with any question, you may leave it blank and we can discuss it when we meet. *Thank you.*

Forms Required

1. This Intake Packet
2. This Release of Liability, which requires signatures

   And the following attached or found at our website:

3. HIPAA Notice of Privacy Practices
   - Notice of Privacy Practices
4. Promise Ranch General Policies
   - PRTR Facility and Program Policies
5. Your Therapist will also give you a copy of **Informed Consent and Clients Rights Policy**

***Youth ages 12 and over, please fill out pages 1-4.**

***Parents/Guardians of children of all ages, please fill out pages 5-11.**

Youth Section

CLIENT INFORMATION

Name: ________________________________Preferred Name:______________________________

Date of Birth: _______________________Age: _____________Gender Assigned at Birth: ____________

Pronoun Preference: she/hers he/his they/them ask me

Phone (Cell): ________________________________Messages okay?____ Text reminder okay?_______

School Name: ____Grade: ___________

Please share electronic communication (Twitter, SnapChat, Instagram, FB etc) that you use:

____

Do your parents have access to your electronic communication? ❐ Yes ❐ No

Do they have any issues with your use of phone, text, electronic communication? ❐ Yes ❐ No

PERSONAL STRENGTHS

What are you good at? ____

Who are some of the influential and supportive people, activities or beliefs in your life? (Please describe)

____

If you feel uncomfortable with any question, you may leave it blank and we can discuss it when we meet.

CURRENT REASON FOR SEEKING COUNSELING

Briefly describe the problem for which you are seeking counseling:

____

How will you know things are better?

____

COUNSELING/MEDICAL HISTORY

Have you previously seen a counselor? ❒ Yes ❒ No

If yes, what did you find **most helpful** in therapy?

____

If yes, what did you find **least helpful** in therapy?

____

1

SUBSTANCE USE AND HISTORY

Do you currently use alcohol? ❒ Yes ❒ No

If yes, how often do you drink? ___Daily ___Weekly ___Occasionally ___Rarely
If yes, how much do you drink? ____________(#) per time
Do you currently use tobacco? ❒ Yes ❒ No
If yes, how much do you smoke/chew? ________________________
Do you currently use any other drugs? ❒ Yes ❒ No
If yes, what drugs do you use?

____
If yes, how often do you use? _____Daily ___Weekly ___Occasionally ___Rarely
Have you received any previous treatment for substance use? ❒ Yes ❒ No
If so, where did you go?____
____Inpatient _____Outpatient

Please answer the following with Yes/No

1. Have you ever used more than 1 substance at the same time to get high? ____
2. Do you avoid family activities so you can use? ______
3. Do you have a group of friends who also use? ______
4. Do you use to change your emotions such as when you feel sad or depressed? ____

LEGAL ISSUES

Please list any legal issues that are affecting you or your family at present, or have had a significant effect upon you in the past____

FAMILY HISTORY

1. Are your parents married, divorced, or other? ______________________
2. Do you think their relationship is good? (Y/N/Unsure)__________________
3. If your parents are divorced, whom do you primarily live with? _____________
4. How often do you see each parent? Mom_________% Dad ___________%
5. Did you experience any abuse as a child in your home (physical, verbal, emotional, or sexual) or outside your home? Please describe as much as you feel comfortable.

   ____

FAMILY CONCERNS (*Please check any concerns that your family is currently experiencing***)**

	Fighting		Disagreeing about relatives
	Feeling distant		Disagreeing about friends
	Loss of fun		Alcohol use
	Lack of honesty		Drug use
	Physical fights		Infidelity among parents
	Education problems		Divorce/separation
	Financial problems		Issues regarding remarriage
	Death of a family member		Birth of a sibling
	Abuse/neglect		Birth of a child
	Inadequate housing/feeling unsafe		Inadequate health insurance
	Job change or job dissatisfaction		Other

Other concerns not listed above ____

PEER RELATIONS

1. How do you consider yourself socially: ___outgoing ____shy or introverted ___depends on the situation
2. Are you happy with the amount of friends you have? ❒ Yes ❒ No
3. Are you dating or in a relationship? ❒ Yes ❒ No
4. Have you ever been bullied? ❒ Yes ❒ No
5. Are your parents happy with your friends? ❒ Yes ❒ No
6. Are involved in any organized social activities (clubs, sports, music, etc)? ______________________

SCHOOL/JOB HISTORY

1. Do you like school? ❒ Yes ❒ No
2. Do you attend regularly? ❒ Yes ❒ No
3. What are your current grades? ____________________
4. Do you feel you are doing the best you can at school? ❒ Yes ❒ No
5. Do you work part-time? ❒ Yes ❒ No

YOUR CONCERNS

Symptom	None	Some	Daily	Symptom	None	Some	Daily
SADNESS				APPETITE CHANGES			
CRYING				SOCIAL ISOLATION			
SLEEP DISTURBANCES				BEDWETTING			
PROBLEMS AT HOME				POOR CONCENTRATION			
HYPERACTIVITY				INDECISIVENESS			
BINGING/PURGING				LOW ENERGY			
LONELINESS				WORRY/STRESS			
UNRESOLVED GUILT				LOW SELF-WORTH			
IRRITABILITY				SPIRITUAL CONCERNS			
NAUSEA/ INDIGESTION				ANGER ISSUES			
SOCIAL ANXIETY				HALLUCINATIONS			
CUTTING/OTHER SELF-INJURY				RACING THOUGHTS			
WEIGHT CHANGES				RESTLESSNESS			
IMPULSIVITY				DRUG USE			
NIGHTMARES				ALCOHOL USE			
HOPELESSNESS				EASILY DISTRACTED			
ELEVATED MOOD				TRAUMA FLASHBACKS			
MOOD SWINGS				OBSESSIVE THOUGHTS			
DISORGANIZED				PANIC ATTACKS			
ANOREXIA/BULIMIA				FEELING ANXIOUS			
GRIEF or LOSS				FEELING PANICKY			
PHOBIAS				SUICIDAL THOUGHTS			
HEADACHES				PAST SUICIDE ATTEMPTS			
GENDER ISSUES				PARANOID THOUGHTS			

Dedicated to understanding young people better

Dedicated to understanding young people better

*****PARENT SECTION*****

Welcome to Promise Ranch!

Please note that the information is important for your child's care.
Please fill out forms as completely as possible
and have them ready before your first session.

INTAKE FORM

Child's Name: ____

Date of Birth: ________________________ Age: ____________ Sex: __________

Gender Identity: ____________ Race/Ethnic Origin: ______________________________

Religious Preference: ____

CURRENT HOUSEHOLD AND FAMILY INFORMATION

Name	Relationship (Parent, sibling, etc)	Age	Sex and Gender	Type (Bio/Step, Foster)	Living in the home?	Past or present mental health concerns?

(If additional space is need please list on the back of page)

Current Reason For Seeking Counseling For Your Child

Briefly describe the problem for which you are seeking help:

____

How will you know things are better? ______________________________________

____

CHILD'S DEVELOPMENT

1. Were there any complications with the pregnancy or delivery of your child? ❒ Yes ❒ No
If yes, describe:____

2. Did your child have health problems at birth? ❒ Yes ❒ No

If yes, describe:

____

3. Did or does your child experience any developmental delays?

❒ Yes ❒ No Not sure_____

If yes, describe:

____

4. Did your child have any unusual behaviors or problems prior to age 3?

❒ Yes ❒ No Not sure_____

If yes, describe: ____

5. Has your child experienced emotional, physical, or sexual abuse?

❒ Yes ❒ No Not sure_____

If yes, describe: ____

COUNSELING HISTORY

Has your child previously seen a counselor? ❒ Yes ❒ No

If Yes, where:

____

Approximate Dates of Counseling:

____

For what reason did they go to counseling? ____

Do they have a previous mental health diagnosis? ____

What did you find **most helpful** in therapy?

____

____

What did you find **least helpful** in therapy?

____

____

Has your child had psychiatric services? ❒ Yes ❒ No

If yes, who did they see?

____

If yes, was it helpful? ❒ Yes ❒ No

Has your child taken medication for a mental health concern? ❒ Yes ❒ No

Name of medication	Dates taken	Was it helpful? (Y/N)

Does your child have other health problems, developmental or medical concerns or previous hospitalizations?

❒ Yes ❒ No

If so, please describe.

___

SUBSTANCE USE

Do you have any concerns with your child using alcohol or drugs? ❒ Yes ❒ No

If yes, please explain your concern:

___

___

INTERNET/ELECTRONIC COMMUNICATIONS USAGE

Do you have any concerns with your son or daughter using the internet or electronic communication such as Instagram, Snapchat, Twitter, texting etc? ❒ Yes ❒ No

If yes, please explain your concern:

___

LEGAL ISSUES

Please list any legal issues that are affecting you or your family or your child at present, or have had a significant effect upon you or your child in the past.

___

___

FAMILY HISTORY

Are you aware of any birth trauma or trauma your child experienced from age 0-3?

___

Has your child had any problems with hurting other children or animals?

___

Did *you* experience any abuse as a child in your home (physical, verbal, emotional, or sexual) or outside your home? Please describe as much as you feel comfortable.

___

Have you experienced any abuse in your adult life (physical, verbal, emotional, or sexual)?

___

PARENT'S MARITAL STATUS *(this question refers to the biological parents relationship)*

❒Single ❒Married (legally) ❒Divorced ❒Cohabitating ❒Divorce in process ❒Separated ❒Widowed ❒Other

Length of marriage/relationship:______________________

If divorced, how old was your child at the time of divorce? _____

If divorced, How much time does your child spend with each parent? Mother_____% Father _____%

(Please answer the following as best as you can, we understand that you may not be able to answer some of the questions pertaining to the other parent.)

Biological Father's Name: ____________________________Birth Date:_________ Age: _____

Ethnic Origin:________________________________Total years of education completed: _____

Occupation: ____________Place of Employment______________________________________

Military experience? ❐ Yes ❐ No Combat experience? ❐ Yes ❐ No

Current Status ____Single ____Married ___Divorced ____Separated ___Widowed ___Other

**Please answer if you are no longer with your child's bio-father OR check here if you are still with bio-mother*________

Assessment of current relationship if applicable: Poor_____ Fair_______ Good_________

Biological Mother's Name: _______________________________Birth Date:_________ Age: _____

Ethnic Origin:________________________________Total years of education completed: _____

Occupation: ____________Place of Employment______________________________________

Military experience? ❐ Yes ❐ No Combat experience? ❐ Yes ❐ No

Current Status _____Single ____Married ____Divorced ____Separated _____Widowed ____Other

**Please answer if you are no longer with your child's bio-father OR check here if you are still with bio-father*___________

Assessment of current relationship if applicable: Poor_____ Fair_______ Good_________

FAMILY CONCERNS

Please check any concerns that your family is currently experiencing.

	Fighting		Disagreeing about relatives
	Feeling distant		Disagreeing about friends
	Loss of fun		Alcohol use
	Lack of honesty		Drug use
	Physical fights		Infidelity among parents
	Education problems		Divorce/separation
	Financial problems		Issues regarding remarriage
	Death of a family member		Birth of a sibling
	Abuse/neglect		Birth of a child
	Inadequate housing/feeling unsafe		Inadequate health insurance
	Job change or job dissatisfaction		Other

YOUR CHILD'S STRENGTHS

What is your child good at? ____________________________________

____

What are their best personal qualities? ____

____

Who are some of the influential and supportive people, activities or beliefs in your child's life? (Please describe)

____

____

INDIVIDUAL CONCERNS YOU NOTICE REGARDING YOUR CHILD

Symptom	None	Some	Daily	Symptom	None	Some	Daily
SADNESS				APPETITE CHANGES			
CRYING				SOCIAL ISOLATION			
SLEEP DISTURBANCES				BEDWETTING			
PROBLEMS AT HOME				POOR CONCENTRATION			
HYPERACTIVITY				INDECISIVENESS			
BINGING/PURGING				LOW ENERGY			
LONELINESS				WORRY/STRESS			
UNRESOLVED GUILT				LOW SELF-WORTH			
IRRITABILITY				SPIRITUAL CONCERNS			
NAUSEA/ INDIGESTION				ANGER ISSUES			
SOCIAL ANXIETY				HALLUCINATIONS			
CUTTING/OTHER SELF-INJURY				RACING THOUGHTS			
WEIGHT CHANGES				RESTLESSNESS			
IMPULSIVITY				DRUG USE			
NIGHTMARES				ALCOHOL USE			
HOPELESSNESS				EASILY DISTRACTED			
ELEVATED MOOD				TRAUMA FLASHBACKS			

MOOD SWINGS				OBSESSIVE THOUGHTS			
DISORGANIZED				PANIC ATTACKS			
ANOREXIA/BULIMIA				FEELING ANXIOUS			
GRIEF or LOSS				FEELING PANICKY			
PHOBIAS				SUICIDAL THOUGHTS			
HEADACHES				PAST SUICIDE ATTEMPTS			
GENDER ISSUES				PARANOID THOUGHTS			

What else would you like to share? ____

____

____

Special Confidentiality Notice for Parents

Your child has the right to private, confidential communication with the doctor, therapist, and treatment team providing his or her care. This means that some of the issues that they discuss will stay between them, and that we will not disclose that information to anyone, including you, unless we have been given permission by your child to do so. We need your child to be open and honest with us in order to understand and treat the full range of issues your child is dealing with, and they may be too scared, angry, or ashamed right now to share those issues with you. We also recognize it is very important for you to know what your child is going through in order to do your job as a parent, which is why we will always encourage your child to be honest with you. We will encourage, prepare and support your child so that they feel safe enough to share those issues with you.

According to Colorado law, and the federal patient privacy law known as HIPAA, your child will need to give his/her consent for us to disclose:

• All Mental Health records for children age 15 or older.

• All information concerning pregnancy, sexual activity, STD's, and drug/alcohol use or abuse, regardless of the child's age.

• Any information that your child's provider believes, if released, could cause harm to your child or to someone else, or that would significantly harm the treatment relationship with your

child.

- You should know that this confidentiality has limits. If there is any threat to your child’s life, we have the duty to inform you and help to create a plan for safety.
- In addition, there are situations that we are mandated to report and cannot keep confidential. Those situations include: threats against another person, physical or sexual abuse, neglect, and pregnant women who report using drugs.
- Finally, we recognize how challenging it can be for a parent to raise a child, especially when the child has mental health concerns. We want to be your partner in supporting your child’s physical and mental well-being, and even when we can’t discuss certain details about your child with you, we will always be there for you: guiding you and giving your child the best advice possible to protect them and encourage healthy decisions, including being open and honest with you.

If you or your child are experiencing a behavioral or mental health crisis, please call Colorado Crisis & Support Line at 1-844-493-8255. If you are experiencing a life-threatening emergency, please call 911 or proceed to your nearest Emergency Room.