



MINOR INTAKE AND CONFIDENTIAL QUESTIONNAIRE

FAMILY INFORMATION:

Clients Name: _____

Date of Birth: _____ Age: _____ Gender (Circle one): Male Female

Home Address: _____

Current School: _____ Grade: _____

Person Completing Form: _____ Relationship to Child: _____

Father's Name: _____ Age: _____ Lives with Child (Circle): Yes No

Occupation: _____ Cell: _____ Work No: _____

Mother's Name: _____ Age: _____ Lives with Child (Circle): Yes No

Occupation: _____ Cell: _____ Work No: _____

Marital Status of Parents: _____

If parents are separated or divorced, how old was the child when the separation occurred? _____

If divorced or separated, are parents dating or remarried? Yes No

If yes, please specify: _____

People Living in the Home:

NAME	RELATIONSHIP	AGE

Please list names and ages of any siblings that are not living at home:

Describe the quality of the child's relationship with their immediate family members: _____

Were there any problems or delays with the child's developmental milestones (sitting, crawling, walking, talking, toilet training etc.)? Yes No

If yes, please specify: _____

Please check all that apply to the child:

	Has specific fears, habits, or mannerisms (specify)		Engages in dangerous behaviour towards self or others (describe)
	Bedwetting		Struggles academically
	Thumb sucking or nail biting		Gives up easily or avoids hard tasks
	Zones out		Struggles to make or keep friends
	Nightmares or sleep problems		Lacks confidence
	Substance abuse issues		Has experienced trauma or abuse
	Self-harming behaviour		Disordered eating
	Suicidal thoughts and/or attempts		Family issues (explain)

Does the child struggle with any educational problems (reading, spelling, writing, maths, ADHD etc.)?

Has the child ever been hospitalised? Yes No

If yes, please specify: _____

Please describe any current health or medical issues: _____

Is the child currently on any medication? Yes No

If yes, please specify (name of medication, dosage, reason): _____

FAMILY HISTORY:

Please check conditions that apply to **immediate family members** and indicate their relationship to the child (i.e., mother, brother):

	CONDITION	RELATIONSHIP TO CHILD		CONDITION	RELATIONSHIP TO CHILD
	Alcoholism			Anxiety	
	Drug Abuse			Suicidal episodes	
	Learning Problems			ADHD	
	Depression			History of abuse	
	Trauma			Other (specify)	

THERAPEUTIC INFORMATION:

Has the child received counselling before? Yes No

If yes, specify when, name of therapist, duration, and outcome of therapy: _____

What is the reason for seeking counselling for the child? _____

Is the child open and willing to participate in counselling? Yes No

If **no**, please explain: _____

What are your goals for counselling? _____

Describe the child's strengths: _____

Describe the child's weaknesses: _____

Please provide any other information that would be helpful for the child's counsellor:



INFORMED CONSENT AND PARENTAL AGREEMENT

Counselling can be a valuable resource for children and establishing a good therapeutic relationship may help to:

- Facilitate open and appropriate expression of strong feelings such as grief, sadness, guilt, and anger
- Provide an emotionally neutral environment for exploring challenging emotions
- Help children understand, accept and cope with the difficulties they are facing
- Provide feedback and recommendations to care givers regarding the child's unique needs

However, the effectiveness of counselling may be hindered should the process becomes a source of conflict between parent and child or between the parents. With this in mind, and in order to best support the child, The River strongly recommends that parents (including stepparents and other caregivers), as well as the child, agree to the following:

CONDITIONS TO PARTICIPATION IN THERAPY:

1. To best meet the emotional needs of the child, contact with parents, or care givers (i.e., stepparents, grandparents) may be required to gather information relevant to understanding the child. This may extend to teachers, or other professionals involved in working with the child. In some cases, this may include a referral to a paediatrician, should matters of the child's physical health be relevant to their therapeutic process.
2. Counselling can be hard for children, and they may be reluctant or anxious about the process. Please encourage and reaffirm that the counsellor is their helper. Avoid using counselling as a threat or punishment as this undermines the safety of the relationship.
3. The counsellors at The River will not provide recommendations regarding custody, provide reports for court purposes, or engage with custody disputes. In the case of custody disputes, referrals for mediation or referrals to appropriate persons and organisations will be made.
4. Open communication between parents and the counsellor regarding changes of behaviour or emotional state is important.

CONFIDENTIALITY:

Please be advised that for the child to build trust with the counsellor and to create a safe therapeutic environment, sessions between the child and the counsellor are confidential. Confidentiality is a primary value in the counselling process, and all information discussed in sessions is treated with the utmost privacy. However, there are legal limits to confidentiality. Should the child be at risk to themselves, or there is reasonable suspicion that they are being harmed, then the counsellor will follow the necessary process of informing.

Counsellors are legally obligated to report concerns regarding the child's health and safety to the attention of the relevant authorities. Should the necessity arise, all parties will be notified regarding these concerns.

If you have any concerns regarding confidentiality matters, feel free to ask the child's counsellor.

FEES:

The River believes that everyone should have access to emotional and mental health support. To ensure inclusive access, the first 2 sessions with a counsellor will be free of charge. The counsellor will assess with the child and discuss with parents whether more sessions are required. Thereafter, a donation will be required for each additional session.

There is not a prescribed amount for a donation but a minimum of R100 per session is suggested. Should you want to give a donation for all sessions, despite your right to 2 free sessions, you may do so. All funds received contribute toward making the services provided by The River possible.

SCHEDULING AND CANCELLATIONS:

Scheduled counselling sessions are a commitment both the client and the counsellor honour. Sessions for children are scheduled for 30-50 minutes depending on their age and capacity to stay focused. Please be respectful of the scheduled time and if parents require extra time for feedback or need to discuss anything with the child's counsellor, please negotiate with the counsellor prior to the session.

If you need to cancel the child's appointment, please do so at least 24 hours before the time. If you cancel an appointment with less notice, there may be a penalty fee required before another session may be scheduled, or you may forfeit a pro bono session. In the case of an emergency, exceptions may be made.

I, _____, parent/guardian of _____, hereby acknowledge that all the above information has been discussed with me and I understand the need for and limits of confidentiality. I agree to honour the services and structures of The River and understand that a donation towards all further sessions will be provided after the 2 pro bono sessions offered by The River.

Signature of Parent/Guardian: _____

Date: _____

Counsellor Signature: _____

Date: _____