

**Koppa Counseling, PLLC**  
**Rachel Koppa, Ph.D., LPC-S, LMFT**  
12720 Hillcrest Rd Suite 120  
Dallas, TX 75230  
214-224-0970  
[Rachel@koppacounseling.com](mailto:Rachel@koppacounseling.com)  
[www.koppacounseling.com](http://www.koppacounseling.com)

**CONSENT FOR TREATMENT OF A MINOR CHILD**

The following statements provide your legal consent to and financial responsibility for counseling services to a minor child. These statements are important to protect the child, the parent/guardian/conservator, and the therapist. Please carefully review this information and sign where indicated. You are requested to discuss any question you may have with the therapist.

**STATEMENT OF RESPONSIBILITY AND GRANT OF PERMISSION FOR THERAPY**

I am the

Biological Parent ( )    Adoptive Parent ( )    Legal Guardian ( )

\_\_\_\_\_ (Name of minor child)

I am legally responsible for the child named above and grant permission to Rachel Koppa, Ph.D., LPC-S, LMFT to conduct therapy with this child.

I accept responsibility for the timely payment of all fees due to Koppa Counseling, PLLC for services provided to this child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DUTY TO WARN NOTICE**

Rachel Koppa, Ph.D., LPC-S, LMFT, is committed to the confidentiality and privileged communication with all clients. There are, however, several exceptions. According to state law, any evidence of child abuse must be reported to the authorities. If any individual intends to take harmful, dangerous, or criminal action against another individual, or against himself/herself, it may be the therapist's duty to report such action or intent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Child-Adolescent Intake**

Please provide the following information about your child:

<b>Child's Full Name:</b>	<b>Nickname:</b>
<b>Birth Date:</b>	<b>Today's Date</b>
<b>Child's Address:</b>	<b>Phone:</b>
<b>Parent(s) names or primary guardian:</b>	<b>Parent(s) contact numbers:</b> Home:  Cell:  Work:  Email:
<b>In case of emergency, whom may I contact on your behalf?</b>	<b>Name:</b>
<b>Phone number:</b>	<b>Relationship:</b>

**Education History**

<b>What school does your child attend:</b>	<b>Teacher's Name:</b>
<b>Current Grade:</b>	<b>Has your child ever repeated a grade? YES/ NO. If so which one(s)_____</b>
<b>Favorite Subject:</b>	<b>Least Favorite Subject:</b>
<b>Does child receive special education service? YES /NO</b>	<b>Does child receive tutoring? YES/ NO</b>
<b>Is your child in a gifted/talented/honors program? YES/ NO</b>	<b>Does child like school? YES/ NO</b>
<b>Has you child experienced any of the following at school? (please circle all that apply)</b> Fighting, suspension, lack of friends, gang influence, learning disabilities, incomplete homework, dug/alcohol, poor attendance, behavior problems, detention, poor grades	
<b>Has your child been the vitamin of bullying or bullied other children? YES/ NO.</b>  <b>If yes, please describe</b>	

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**Medical History**

<b>Pediatrician's Name:</b>	<b>Phone:</b>
<b>Is child under the care of another medical specialist? YES/NO. If yes, type of specialist _____</b>	<b>Phone:</b>

**Please list any chronic illness, disabilities, medical conditions that your child has been diagnosed with:**

Illness/Disability	Dates

**List all medications that your child is currently taking:**

Medication	Dosage	Treating

**Therapy / Psychiatric Experience**

<b>Is your child <i>currently</i> seeing another therapist? YES / NO</b>			
<b>If yes, who is your child seeing?</b>			
<b>Has your child ever been in therapy in the past YES/ NO</b>			
<b>If yes, please fill out the following on your previous counseling experience(s)</b>			
Therapist	Location	Dates	Reason
<b>Has your child ever had a psychiatric hospitalization? YES/ NO</b>			
<b>If yes describe briefly and indicate dates and circumstances</b>			

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Is your child under the care of a psychiatrist: YES/ NO	If yes, Psychiatrist name:
Phone:	Address:

**Other History**

Has your child ever experienced any type of abuse (physical, sexual, or emotional)? YES/ NO If yes, please describe:
Has your child ever made statement of wanting to harm him/herself or seriously hurt someone else? YES/ NO Has he/she purposely hurt himself or another? YES/ NO If yes, to either question please describe the situation:
Has your child ever experienced any serious emotional losses (such as a death of or physical separation from a parent or other caretaker)? YES/ NO. If yes, please explain:
Are there any behaviors that your child currently does too often, too much, or at the wrong times that gets him/her in trouble? YES/NO. If yes, please describe:
Are there any behaviors that your child fails to do, as often as you would like or when you would like?
Please list positive strengths of your child: (What do you like about your child? What do others like about your child?)
How would you describe your child's self-esteem?

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Briefly describe your reason(s) for seeking help at this time?

What goals do you wish to accomplish during the therapy process as a parent?

What goals does your child wish to accomplish during the therapy process? (can be different than parent's response)

**Family History**

Mother's Name	Father's Name:
Occupation:	Occupation:
Step-Mother?	Step-Father?

**Who does your child currently live with?**

Names	Age	Relationship to child	Grade/Job

**Who are your child's significant others NOT living with your child?**

Names	Age	Relationship to child	Grade/Job

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<p>Are child's parents'?      Married      Separated      Divorced      Widowed (please circle one)</p> <p>If parents divorced/separated please list dates:</p>
<p>Who in the family is your child closest too?</p>
<p>What are some of the strengths of your family?</p>
<p>Does anyone in the child's family use currently (or in the past) any type of drug, tobacco, or alcohol? YES / NO If yes please describe:</p>
<p>Has anyone in your child's family been diagnosed with a psychiatric illness (depression, anxiety, eating disorder, etc.)?</p>
<p>Is there anything else that you think would be important for me to know about your child, you, or your family?</p>
<p>Who referred you?</p> <p>May I thank him/her? Yes/No</p>

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