**Eileen Sendrey**

**[eileensendrey@mac.com](mailto:eileensendrey@mac.com)**

**408-892-2820**

**TEEN INTAKE FORM**

**Only a brief overview is needed —each form should take no more than 30 minutes to fill out. You may also choose to skip this form.**

**(IF FILLING OUT THIS FORM, I INVITE YOU TO FILL OUT THE PARENT FORM AS WELL TO HELP ME UNDERSTAND HOW YOUR EARLY HISTORY AFFECTS YOUR PARENTING AND FAMILY LIFE)**

Today’s Date:

Name:

Pronouns:

Birth date:

Age:

Parent #1 Full Name:

Parent #1 Pronouns:

Parent #2 Full Name:

Parent #2 Pronouns:

Parents Are: Married \_\_\_ Unmarried \_\_\_\_ Live together \_\_\_ Live separately \_\_\_

Address:

Phone:

Email:

Emergency Contact:

Who referred you?

What is your (teen’s) intention for doing session(s)?

Primary concerns of parents, intention in coming for sessions:

Some of the session activities involve physical exertion. Do you have any medical conditions that would contraindicate involvement in any activity? If yes, please explain

Do you have any area of your body that needs special consideration?

Are you presently taking any medications or drugs?  
(Please list name of medication, and for what condition you are taking it).

Are you presently using any recreational drugs, alcohol, or nicotine? (Please list amount per day / week).

What kinds of psychological or bodywork therapy have you experienced and for what period of time?

Are you in therapy or have regular bodywork? If yes, with whom? Does this person have pre- and perinatal facilitation skills?

List other physicians or health care practitioners you are being treated by.

Current physical, developmental, or academic challenges:

Current emotional/relationship challenges:

Conception:

As a baby were you planned? Wanted?

Conception: Natural \_\_\_\_ In-vitro \_\_\_\_ Insemination \_\_\_ Other \_\_\_\_

If any stress occurred around ability to, or intention conceive or not, please describe:

If known, was the baby conceived while either parent was using alcohol or drugs?

Discovery:

Parent’s attitudes toward baby upon discovering pregnancy:

If baby was not wanted, was abortion considered by either parent? Attempted? If yes, give circumstances including timing during the pregnancy.

Pregnancy:

Mom’s health (or health challenges & medications taken), and diet and exercise during pregnancy and attitude toward developing child.

Non-gestational parent/father’s attitude toward developing child and support (or lack of support) of mom:

Nature of support system in larger community and attitude of these people toward pregnancy (e.g. parents, friends, etc.)

Nature of parents’ relationship with each other and as parents to be:

Did either parent smoke or use recreational drugs? If yes, who and how much?

How often do parents drink alcohol? How often did mom drink and how much at a time during pregnancy?

Describe any stresses during pregnancy (e.g., illness or death of friend, parent; strained relationship between parents; absence of non-gestational parent/father; depression, lack of support from family or friends, financial worries, major moves, etc.)

Did either parent lose a child to miscarriage, abortion, or early death prior to this pregnancy? \_\_\_\_ If yes, please give circumstances and dates, age of fetus or child at time of loss. How did this affect this pregnancy?

Birth:

Birth location:

Midwife or OB’s name:

Non-gestational parent/father’s role at the birth:

Other support people at labor or birth:

Please check what you know or think applies to child's birth history:

\_\_\_\_\_ drugs to prolong pregnancy

\_\_\_\_\_ an un-medicated vaginal birth in a hospital

\_\_\_\_\_ an un-medicated vaginal birth at home

\_\_\_\_\_ an anesthesia birth (epidural, spinal block, general anesthesia, etc)

\_\_\_\_\_ induction

\_\_\_\_\_ with forceps

\_\_\_\_\_ with vacuum extraction

\_\_\_\_\_ with fetal heart monitor

\_\_\_\_\_ c-section (planned or emergency?)

\_\_\_\_\_ breech

\_\_\_\_\_ a multiple birth

\_\_\_\_\_ episiotomy

\_\_\_\_\_ Premature. How many weeks?

\_\_\_\_\_ Neonatal Intensive Care Unit. How long?

\_\_\_\_\_ Incubated. How long?

\_\_\_\_\_ Twin that did not live. When in the pregnancy or after did the twin leave?

Birth Weight:

APGAR Scores:

Other birth complications:

First Hour/Day(s) After Birth:

Where was your baby the first hour after birth? (With mom? Had nursing started? Separated for washing, measuring, testing, intubation? If separated, how long?)

First day, was baby with mom or non-gestational parent/father most of the time? If not, describe where and why.

NICU? If yes, please state how long, reason for NICU, and procedures used.

Postpartum:

Did you/are you nursing? For how long? Any difficulties or complications?

Describe support (or lack of) you had first few months after birth.

Describe nature of non-gestational parent/father’s relationship to child & mom during first weeks, years.

Postpartum, childhood health complications, illnesses for baby or mom including postpartum depression:

Are you circumcised? If yes, any complications?

Vaccinated? If yes, any complications?

Other Relationships:

Siblings: Please list ages, names and nature of relationships. Include children from prior relationships:

Please list other caregivers important to the child during first year or present time:

For older children, include any other challenges later in childhood that would help me understand family dynamics:

Have you ever been or are you in an abusive relationship?  
If yes, please state when, what relation the person was or is to you, whether the abuse was or is physical, sexual, and/or emotional. If a past relationship, what action did you take? If present, what are you doing about it? Please give details.

Have you ever been prescribed medications for mental health reason? If yes, please describe the circumstances and outcomes with dates.

Have you ever been hospitalized for mental health reasons?  
If yes, please describe the circumstances and outcomes with dates.

Has anyone in your family ever attempted or committed suicide? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe your relationship to them and the circumstances with dates.

Have you ever contemplated or attempted suicide? Yes \_\_\_\_\_ No \_\_\_\_ If yes please describe the circumstances with dates.

Many of the questions are intensely personal. Your responses will be kept completely confidential. Filling out this information form actually begins the work of the session. If you are uncomfortable about responding to any or all of the questions please email or telephone me to discuss this. If you feel uncomfortable generally filling out this form, I can take your “intake” in our session work together.