

|  |  |
| --- | --- |
| **Child Play Therapy Intake Form** | |
| **Date** |  |
| **Given Name** |  |
| **Surname** |  |
| **Gender** |  |
| **D.O.B** |  |
| **Age at referral** |  |
| **Residential Address** |  |
| **Home phone number** |  |
| **Email** |  |
| **Primary caregivers** |  |
| **School details** | Grade:  Teacher:  Contact details: |
| **Health professionals/Allied health service providers** | **1. Name:**  Phone:  Email:  **2. Name:**  Phone:  Email:  **3. Name:**  Phone:  Email: |
| **Main concerns** |  |
| **Attempting solutions** |  |
| **Why now?** |  |
| **Counseling**  (Has child received prior counseling? With whom, why started, duration, effectiveness – If yes permission sought to access records) |  |
| **What do you hope will happen as a result of bringing your child to play therapy?** |  |
| **What support is available to parent(s) / guardian(s)?** (Consider adult counseling services) |  |
| **Pre-birth history:** |  |
| **Birth history:** |  |
| **Developmental and Medical history** (adverse experiences, illnesses, accidents): |  |
| **How does your child play?** (favorite games, toys activities) |  |
| **Relationships with peers?** (Plays with children own age, older, younger, leader, follower, loner) |  |
| **Is child on any medication?** |  |
| **Does the child have any Allergies?** |  |
| **Social history:** (Give details of child’s family of origin and subsequent moves, changes and life stressors including loss of person, pets, divorce, change in school, etc) |  |
| **Family story - strengths and weaknesses.** |  |
| **Family Genogram** |  |
| **Additional information** |  |

*Playful Minds Play Therapy will use the information on this form only to assess your child’s suitability for inclusion in Play Therapy. Playful Minds Play Therapy will not disclose the information on this form to third parties without your consent, except where required by law.*

*Playful Minds Play Therapy manages personal information it holds, including requests by individuals for access to their personal information, in accordance with the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic).*