



Imani Counseling Services LLC
8018 W Capitol Drive
Milwaukee, WI 53222
Phone: 414-737-1820

Child / Adolescent (4-17 years old) Intake

Client: _____ **DOB** _____

Presenting Problem

What is the presenting problem as described by the parent/caregiver: _____

Services requested by: Parent/Caregiver DHS Court PCP Other: _____

Parents/Caregivers expectation for recovery: _____

History of presenting problem: _____

When was this first noticed? _____

How often does the problem occur? _____

How severe is the problem? Low Moderate High

Has this child been in counseling before? Yes No

If so, please describe who, when and the results: _____

Is this client involved with outside agencies or service providers such as Child Welfare, DHS, Courts, School providers?
Yes No

If so, please describe who, when and the results: _____

Strengths of Child:

Socially engaging Curious/interested Seems bright Affectionate Follows directions
Has at least one positive relationship with an adult Shares excitement/interests with peers or adults Creative
Enjoys School Athletic Friendly Tolerant of others Enjoys friends Articulate Other _____