

Janet A. Switzer, M.A., LPC, CAC III
d/b/a
High Mountain Therapy, LLC

*Jan Switzer, M.A., LPC, CAC III
Licensed Professional Counselor
Certified Addiction Counselor III*

CHILD/ADOLESCENT INTAKE PACKET

Referred by: _____

Today's date: _____

CLIENT INFORMATION

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing address if different from above: _____

Mother: _____ Father: _____

Home phone: _____ Cell phone: _____

Mother's Business phone: _____

Father's Business phone: _____

Child's DOB: _____ Current Age: _____ Primary Care Physician: _____

Siblings (Names, ages) _____

Current Concerns:

Past Medical History:

PO BOX 868
Conifer CO 80433-0868
Phone: (303) 493-1401
Facsimile: (303) 816-0959

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Hospitalizations: _____

Any Head/Trauma Injuries or Major Illnesses?:

Current Medications:

Supplements:

Any Recent Major Life Changes and/or Losses?:

Any prior counseling?: _____

Name of school currently attending: _____

Problems at school – current/past?:

Recreation/Relaxation:

Sleep Patterns: _____

Eating Patterns: _____

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Any other concerns?:
