

**Child/adolescent intake form for Equine Assisted Therapy with Erika Bakko**

1. What is the reason for seeking counseling? If this is due to a specific event when did this start or happen? How has this issue affected your life? Please be as detailed as you can.
2. What do you think you need the most help with right now?
3. Are you currently in school? If so, what grade are you in and what school do you attend?
4. What do you like most about school? What do you like the least about school?
5. What is your grade point average? Are you happy with your grades?
6. Have you ever attended special classes (I.e. resource program or gifted programs)?
7. Have you been identified as having learning challenges (for example, do you have an IEP or 504)? If so what are your specific challenges?
8. What activities, sports, clubs, extracurricular interests are you involved in?
9. During the past school year, how many days have you been absent?
10. Have you ever been suspended from school? If yes, please share the details.
11. Have you ever been in trouble at school related to an alcohol or other drug problem? If yes, please share additional details.
12. What part does faith, religion, or spirituality play in your life?
13. Do you attend or affiliate with a place of worship? If so, where?
14. What do you like to do for fun or enjoyment? Do you have any hobbies that you enjoy regularly?
15. Are you sexually active? If yes, do you practice safe sex?
16. Do you smoke cigarettes or use nicotine products? If so, what, and how often?
17. Do you vape? If so, what, and how often?
18. Do you use marijuana? If so, when did you start using and how often are you using?
19. Do you currently use recreational drugs? If so, what type, amount, and frequency.
20. Do you use alcohol? If so, does it cause problems in your family and relationships?
21. Have you ever gotten an MIP or DUI or other drug related offense? If yes, please give more details.
22. Do you feel like you may have a problem with alcohol or drugs?
23. Have you been to counseling before? If so, please share dates, reason for counseling, and your experience. What was your diagnosis, if any?
24. Please share all medications that you are currently taking, for how long, and for what reason.
25. If taking prescription medications who is your prescribing doctor? Please include the name and number for the doctor.
26. Do you have, or have you had suicidal thoughts? If yes, when?
27. Have you ever attempted suicide or struggled with self-harm (cutting, scratching, hair pulling, eating issues, etc.). If yes, please describe.
28. Have you ever been hospitalized for a psychiatric issue? If yes please provide why, date, and location.
29. Do you currently or had thoughts of harming someone else, pets or animals, or damaging others’ property?
30. Do you have firearm access?
31. Do you have any addictions such as eating, gambling, shopping, pornography, online gambling, social media, etc.? If yes, please describe which one and about how many hours/days this is part of your life.
32. Do any family members struggle with mental illness? If so, please specify the family member (ie: mother, father, grandmother, etc.) and diagnosis.
33. Please describe your relationship with your mother.
34. Please describe your relationship with your father
35. Do you have siblings? If so, please describe your relationship with them.
36. If you are in or have been in a romantic relationship, please describe the nature of the relationship and months or years together.
37. Who do you live with?
38. Who do you consider your closest source of support or your “inner circle”?
39. Is there a current or history of domestic violence in your home? Please provide details.
40. Do you feel safe physically, emotionally, psychologically, sexually, or spiritually in your home?
41. Have you ever experienced abuse (emotional, physical, sexual, spiritual, verbal, etc)? If yes, please describe.
42. Do you currently or have you ever experienced flashbacks concerning trauma? If yes, please describe.
43. Have you ever experienced other types of trauma to include head injury/concussion? If yes, please describe, provide treatment, and provide dates.
44. What would you want life to look like upon completion of therapy?
45. What else would you like me to know?
46. Do you have horse experience?