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Child/Adolescent Intake Form

Please provide the following information for my records. Leave blank any question you would rather not answer. Please print out this form and bring it to your first session.

Child's Name: _____
(Last) (First) (MI)

Date of birth: _____ Age: _____ Grade: _____

Social security number: _____

Person(s) completing this form: _____Today's date: _____

Who suggested that you contact me:
_____

Child's legal custodian/guardian(s) is/are:
_____

Child's Home Address:
_____
(Street and Number)
_____
(City) (State) (Zip)

Home Telephone: _____ Other Phone (specify type): _____

Is it OK to contact you/child at home? □Yes □No
OK to leave a message? □Yes □No

Special instructions?
_____

Emergency Contact Name: _____ Relationship to Child: _____

Emergency Contact Address:

_____

(Street and Number)

_____

(City) (State) (Zip)

Home Telephone: _____Other Phone (specify type): _____

MOTHER'S INFORMATION

Mother's name: _____ Date of birth: _____ Age: _____

Home phone: _____
Cell phone: _____

Address:

_____

(Street and Number)

_____

(City) (State) (Zip)

Highest Grade Completed: _____

Marital/relationship status (Check one):

_____Single _____ Engaged _____Married _____Separated _____ Divorced

_____ Widowed _____ Living with Someone _____ Remarried

How many times? _____

Employment status (Check all that apply):

_____ employed _____ retired _____ disabled _____ student _____ homemaker
_____ unemployed

Current employer is:

_____

Address of Employer:

_____

(Street and Number)

_____

(City) (State) (Zip)

Years on Current Job: _____

Business Phone: _____

Is it OK to contact mother at work? □Yes □No
OK to leave a message? □Yes □No
Special calling instructions?
_____

FATHER'S INFORMATION
Father's name: _____ Date of birth: _____Age: _____
Home phone: _____
Cell phone: _____

Address:
_____
(Street and Number)
_____
(City) (State) (Zip)

Highest Grade Completed: _____

Marital/relationship status (Check one):
_____Single _____ Engaged _____Married _____Separated _____ Divorced
_____ Widowed _____ Living with Someone _____ Remarried
How many times? _____

Employment status (Check all that apply):
_____ employed _____ retired _____ disabled _____ student _____ homemaker
_____ unemployed

Current employer is:
_____

Address of Employer:
_____
(Street and Number)
_____
(City) (State) (Zip)

Years on Current Job: _____

Business Phone: _____

Is it OK to contact mother at work? □Yes □No
OK to leave a message? □Yes □No
Special calling instructions?
_____

STEP-PARENT'S INFORMATION (use back if more than one step-parent)

Name: _____ Date of birth: _____Age: _____

Home phone: _____

Cell phone: _____

Address:

_____

(Street and Number)

_____

(City) (State) (Zip)

Highest Grade Completed: _____

Marital/relationship status (Check one):

_____Single _____ Engaged _____Married _____Separated _____ Divorced

_____ Widowed _____ Living with Someone _____ Remarried

How many times? _____

Employment status (Check all that apply):

_____ employed _____ retired _____ disabled _____ student _____ homemaker

_____ unemployed

Current employer is:

_____

Address of Employer:

_____

(Street and Number)

_____

(City) (State) (Zip)

Years on Current Job: _____

Business Phone: _____

Is it OK to contact mother at work? □Yes □No

OK to leave a message? □Yes □No

Special calling instructions?

_____

REASON FOR EASON SEEKING SERVICES

Please briefly describe the problems your child is experiencing:

_____
_____
_____
_____
_____

What has happened to cause you to seek help now?

_____
_____
_____
_____
_____

What do you hope to be able to do or achieve as a result of receiving services?

_____
_____
_____
_____
_____

What do you consider to be other stresses in your child's life?

_____
_____
_____
_____
_____

HISTORY OF THE PROBLEM

When did your child first start experiencing the problem(s) that brought you to see me?

_____
_____
_____
_____
_____

How often does the problem occur?

_____
_____

How long does it last?

_____

Does your child have any thoughts of harming him/herself? □Yes □No

Has your child ever attempted to harm him/herself? □Yes □No
If yes, please explain:

_____
_____
_____
_____

Does your child have any thoughts of harming someone else? □Yes □No

Has your child ever attempted to harm someone else? □Yes □No
If yes, please explain:

_____
_____
_____
_____

Has your child ever had previous therapy/counseling of any kind? □Yes □No

If yes, when and for how long, and with whom?

_____
_____
_____
_____

What concerns were addressed in therapy?

_____
_____
_____
_____

Was this experience helpful (please explain)?

_____
_____
_____
_____

Has your child ever been hospitalized for emotional/behavioral problems? □Yes □No

If yes, when/where was this:

_____
_____
_____
_____

Has your child been prescribed medications to control emotional/behavioral problems?
□Yes □No

If yes, please list medications, when prescribed, and by whom:

_____
_____
_____
_____

To your knowledge, has your child experimented with alcohol/drugs? □Yes □No

Are you concerned that your child might have or be developing a problem with alcohol or drugs?
□Yes □No

If yes, please explain:

_____
_____

FAMILY

Has this child ever experienced any parental separations, divorces, or death? □Yes □No
If yes, when? _____
How old was the child at the time? _____
Please describe the circumstances.

_____
_____
_____
_____

If parents are separated or divorced, who has custody of this child?

_____

How often does the other parent see this child?
____ Weekly or more often
____ Once or twice a month
____ Few times a year
____ Never

Please list the age and sex for each sibling (including those deceased, and step-siblings):

Age	Sex	Relationship to Child	Living at home?
_____	_____	_____	□Yes □No
_____	_____	_____	□Yes □No
_____	_____	_____	□Yes □No
_____	_____	_____	□Yes □No
_____	_____	_____	□Yes □No
_____	_____	_____	□Yes □No
_____	_____	_____	□Yes □No

Other than any children already indicated above and parents, who else lives in the child's household?

_____
_____
_____
_____

Has anyone in the child's family had treatment for emotional problems? □Yes □No

If yes, please briefly explain (who/when):

_____
_____
_____
_____

Has anyone in your family ever attempted or committed suicide? □Yes □No

If yes, please briefly explain (who/when):

_____
_____
_____

FAMILY HEALTH

Describe father's present health:

_____

Describe mother's present health:

_____

Have any family members had any of the following (please check yes if so)?

If yes, please specify family member's relationship to this child.

Alcohol/drug abuse	□Yes	□No	_____
Behavior disorder	□Yes	□No	_____
Depression	□Yes	□No	_____
Physical disability	□Yes	□No	_____
Mental retardation	□Yes	□No	_____
Nervousness	□Yes	□No	_____
Seizures/epilepsy	□Yes	□No	_____
Alzheimer's disease	□Yes	□No	_____
Reading problem	□Yes	□No	_____
Other Learning Problem	□Yes	□No	_____
Speech/language problem	□Yes	□No	_____
Attention Deficit/Hyperactivity Disorder	□Yes	□No	_____
Sleep Difficulties	□Yes	□No	_____
Anxiety	□Yes	□No	_____
Bipolar Disorder	□Yes	□No	_____

Other significant health or emotional problem: □Yes □No _____

What kinds of stressful events has your child experienced recently?

_____
_____
_____
_____

What kinds of stressful events have family members experienced recently?

_____
_____
_____
_____

CHILD'S EDUCATION

School (Name and Address)	Grade	Age	Teacher	Approximate Grades

Describe any difficulties or problems your child is having in school:

_____
_____
_____
_____
_____
_____
_____
_____
_____

CHILD'S DEVELOPMENT

Pregnancy and delivery

Was this a planned pregnancy? □Yes □No
Was the mother under a doctor's care? □Yes □No
Number of previous pregnancies:_____ Number of miscarriages: _____

Describe any complications (if any) that occurred during the pregnancy:

_____
_____
_____
_____
_____
_____

What drugs or medications were used during the pregnancy?

_____
_____
_____
_____

Did you drink while pregnant? □Yes □No
If yes, how often? _____

Did you smoke while pregnant? □Yes □No
If yes, how often? _____

At this child's birth, what was the mother's age? _____ Father's age? _____

Length of pregnancy: _____ weeks Birth weight: ____ lbs ____ oz.

Length of labor: _____

Child's condition at birth:

_____

Mother's condition at birth:

_____

Length of stay in hospital: Mother _____ days Child _____ days

Is this child adopted? □Yes □No

If yes, please provide adoption history:

_____
_____
_____
_____
_____

Describe sleep patterns or problems:

_____
_____

_____
_____
_____

Language or speech difficulties? □Yes □No

If yes, describe:
_____
_____
_____
_____

Delays with child's walking or other motor functions? □Yes □No

If yes, describe:
_____
_____
_____
_____

Has your child ever had problems getting along with others? □Yes □No

If yes, describe:
_____
_____
_____
_____

Where there other problems experienced during the child's first year? □Yes □No

If yes, describe:
_____
_____
_____
_____

CHILD'S MEDICAL CARE

Child's physician: _____ Telephone: _____

_____
(Street and Number)

_____
(City) (State) (Zip)

How often does this child see a doctor? _____

Date of last visit: _____

Is this child currently on any medication? □Yes □No

Name of Medication	Dosage	Who prescribed and when?	Why prescribed?

Does your child have any history of the following (please check all that apply):

Hospitalizations □Yes □No
Surgeries □Yes □No
High fevers □Yes □No
Serious accidents □Yes □No
Eye, ear, nose & throat problems □Yes □No
Allergies □Yes □No
Seizures □Yes □No
Head injuries □Yes □No
Digestive difficulties □Yes □No
Loss of conscientiousness □Yes □No

Please list below details of any conditions you checked above, including any additional childhood illnesses and other medical conditions:

Condition/hospitalization	Age	Treated by whom?	Outcome of treatment

CHILD'S INTERESTS AND ACTIVITIES

What extracurricular activities (e.g., school sports or music programs, clubs or religious organizations) is your child involved?

_____
_____
_____
_____
_____

Please describe your child's strengths and positive characteristics:

_____
_____
_____
_____

Other information you feel is important and wasn't asked about:

_____
_____
_____
_____