

Intake Information Form-Child/Adolescent

Parent's/ Guardian's Name: _____ Date: _____

Child's Name: _____ Date of Birth: _____ Age: _____

Please circle the individual completing this form is [circle one] (mother – father – grandparent – sibling - concerned family member or friend – other legal guardian) of the child.

In order to assist the therapist obtaining a thorough understanding of your child's current situation, please complete this intake packet by either filling in or circling items as appropriate.

Child's Information

My child has lived in _____ for about _____ (months-years).

Family History

The quality of our family relationship is (good – fair - poor).

Biological parents are (married – separated – divorced).

If divorced, father has _____ % custody and mother has _____ % custody.

My child has _____ siblings that live at the primary residence and _____ siblings that reside outside of the child's primary residence.

Education

My child is currently in the _____ (grade) at _____ (school).

His/Her overall progress is (below average – average - above average).

(When applicable): My child is enrolled in _____ special needs program.

Employment history

If child is an adolescent (12 to 18 years of age), have they ever been employed? Yes – No. If currently employed, he/she has worked at _____ for approximately _____ (months-years). If previously employed, worked at _____ for approximately _____ (months-years).

Health History

My child has significant medical difficulties with his/her (heart – stomach – cancer – pain - high blood pressure – diabetes - weight related issues – kidneys – lungs – allergies - or _____).

There (has been – has not been) a recent significant change in my child's (weight – appetite - sleep pattern).

My child has had major surgery for _____ on _____ (month/year).

My adolescent child (is – has previously been – has never been) pregnant.

Medication history

My child is currently taking the following medications _____ for his/her medical condition.

For mental health issues, my child is taking _____ (medication) for _____ (months-years) and the current dosage is _____. This medication has had (positive benefits - negative effects) as indicated by _____.

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For mental health issues, my child is taking _____ (medication) for _____ (months-years) and the current dosage is _____. This medication has had (positive benefits - negative effects) as indicated by _____.

Abuse history

In the past my child (has been - has not been) a victim of abuse (physical – sexual – emotional - neglect) by his/her (mother – father - other family members – class mate - unknown stranger). This occurred to my child at the approximate age of _____ (years).

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Current Mental Health Concerns

Presenting problem

My child's current mental health concern is _____. The severity of this current mental health concern is (mild – moderate – severe - disabling). Please list two observable symptoms of your child's current mental health concern, (for example: crying, poor appetite, intrusive thoughts) _____ and _____.

History of presenting problem

My child's current mental health concern has been in evidence for (weeks – months - years). I (have – have not) addressed my child's mental health concerns with other mental health professionals. If so, please list all previous mental health professionals who have seen my child _____ (use separate page if necessary). Previous treatment was obtained (in the last year - a number of years ago – I cannot remember how long ago). My child is currently receiving Psycho-Social Rehabilitation (PSR) Services (and – or) out-patient mental health treatment at _____.

Adequacy of Previous Treatment

My child's previous treatment, in my estimation proved to be (very - somewhat – only minimally – or not at all) effective. Explain: _____.

Baseline Measure

Using the following scale with 10 being high and zero being nothing, rank your child's level of the following: depression = ____, anxiety = ____, and irritability/anger = ____, pain = ____.
Generally my child is (outgoing - stays to himself/herself - just like everyone else) when it comes to being sociable.

Psychiatric history (circle all those that apply)

My child has a history of: depression – anxiety - hearing things that others say aren't there - lots of thoughts coming at the same time - quick mood changes - poor appetite - sleep related difficulties - energy related difficulties - wishing they were dead - psychiatric hospitalizations - flashbacks of bad things that have happened to them - repetitive thoughts - compulsive behavior, phobias - unusual perceptual experiences - disturbances of consciousness – seizures - blackouts, amnesia - repetitive behaviors to do something or to check something - sexual dysfunction - anger related issues - violent behavior - attending difficulties – distractibility – impulsiveness - poor regulation of mood - &/or _____.

Family psychiatric history

Based on the biological mother's and biological father's family history, there appears to be (no – some) family history of mental health related issues. In my child's family history there appears to be a history of (depression – anxiety - alcohol abuse - other psychiatric disorders) in the following family members (mother – father – siblings – maternal grandparents – paternal grandparents).

Substance use

My child currently smokes cigarettes (yes - no)
My child currently (does – does not) use alcohol, (minimally – moderately - excessively).
Currently I suspect my child is using (alcohol - prescription medications – marijuana – uppers – downers – crank – crack - IV substances) on a (daily-weekly-monthly) basis.

Where applicable to adult completing this document:

I am currently (employed - unemployed). If employed I currently work at _____.
I have worked at this company for _____ (months), _____ (years).
I (graduated from high school/college – did not graduate from high school/college – earned a GED).
My overall success academically was (below average – average – above average).
I am currently (single, never married – married – separated - divorced). The quality of my relationship with my child's biological (mother – father) is generally (good – fair - poor).
I have been married (1 – 2 – 3+) times.
I have (no – 1 – 2 – 3 – 4+) children.

Thank you for taking the time to complete this medical background information.