***Child or Adolescent Intake***

***Please print clearly and leaving nothing blank. Thank you.***

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Intake \_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_ Sex M\_\_\_ F\_\_\_\_ if applicable: Trans: M to F \_\_\_\_\_\_\_ Trans F to M \_\_\_\_\_\_\_\_\_\_

Name of person completing this form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent #1 –relationship to child \_\_\_Biological parent \_\_\_relative \_\_\_ guardian \_\_\_step-parent \_\_\_adoptive parent

Parent’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_Culture\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best phone# or numbers to reach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent #2 –relationship to child \_\_\_Biological parent \_\_\_relative \_\_\_guardian \_\_\_step-parent \_\_\_adoptive parent

Parent’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B. \_\_\_\_\_\_Age \_\_\_\_\_\_\_Sex \_\_\_\_\_\_\_\_\_\_\_\_Culture \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best phone# or numbers to reach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IMPORTANT:** If parents are divorced and child moves between more than one home, **please summarize the current arrangement and provide me with a copy of the custody agreement. I must have this before I can proceed with treatment.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Step-parents**

Parent #1 remarried when\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to whom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Step-parent occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_Culture\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best phone# or numbers to reach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent #2 remarried when\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to whom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Step-parent occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B. \_\_\_\_\_ Age \_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_Culture\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best phone# or numbers to reach \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Purpose of Evaluation/Treatment**

Please describe the concerns you have for which you are seeking services and when they first started:

Have these concerns changes (better? Worse? Etc.) since you first noticed them? Please explain.

In what way are you hoping I can help?

**Symptom Checklist**

***Please use initials (C for current or H for history) to identify problems or concerns with:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \_\_\_fears  \_\_\_panic attacks  \_\_\_shyness  \_\_\_loneliness  \_\_\_restlessness  \_\_\_guilt  \_\_\_friends  \_\_\_anger  \_\_\_nightmares  \_\_\_crying spells  \_\_\_unhappiness  \_\_\_stress  \_\_\_weight | \_\_\_stomach/bowel  \_\_\_concentration  \_\_\_headaches  \_\_\_sleep  \_\_\_irritable  \_\_\_memory  \_\_\_energy  \_\_\_grief  \_\_\_withdrawn  \_\_\_shy  \_\_\_self-mutilating  \_\_\_cutting body  \_\_\_head banging | \_\_\_sexual  \_\_\_temper  \_\_\_temper outbursts  \_\_\_low self-esteem  \_\_\_drugs  \_\_\_self-control  \_\_\_certain thoughts  \_\_\_suicidal  \_\_\_daydreaming  \_\_\_lacks initiative  \_\_\_making decisions  \_\_\_money  \_\_\_appetite | \_\_\_clumsy  \_\_\_slow  \_\_\_attention span  \_\_\_distractible  \_\_\_undependable  \_\_\_peer conflict  \_\_\_impulsive  \_\_\_stubborn  \_\_\_disobedient  \_\_\_infantile  \_\_\_mean to others  \_\_\_destructive  \_\_\_legal issues | \_\_\_separation/divorce  \_\_\_step-family  \_\_\_running away  \_\_\_rocking  \_\_\_fire setting  \_\_\_stealing  \_\_\_lying  \_\_\_school performance  \_\_\_truancy  \_\_\_bed-wetting  \_\_\_soiled pants  \_\_\_eating problems  \_\_\_sickly |

**Other symptoms not mentioned above:**

Please describe any prior counseling your child has had (include dates and name of therapist if possible):

|  |  |  |  |
| --- | --- | --- | --- |
| Therapist name | Age of child | Type of therapy | Childs response |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Past and present prescribed psychiatric medications (including sleep aids, over the counter products, herbals)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Drug name | Prescriber | Dose | How long | Results |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please list all recreational drugs your child has used or experimented with: (Please include alcohol and nicotine)

|  |  |  |  |
| --- | --- | --- | --- |
| Drug name | Ages | How long | Amount/frequency |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please describe any changes that are currently or recently gone on within your child’s life or family’s life.

Were there any stresses or complications during pregnancy for parents or child? Please describe:

Does your child have any medical/mental health conditions or diagnoses? If so, explain:

Please list any conditions your child has and medications they are (prescription or over the counter) taking for them:

|  |  |  |  |
| --- | --- | --- | --- |
| Medical Condition | Prescription or over the counter medications | Dosage & times per day | Prescriber and/or parent who administers |
|  |  |  |  |
|  |  |  |  |
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**Please list all Allergies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has child ever been hospitalized? \_\_\_ No \_\_\_Yes, Please explain:

Who is your child’s Pediatrician? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Educational History**

Did your child attend preschool? If so, where?

Have there been any school changes mid year? If yes, explain:

List elementary school/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle school/s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did child skip a grade? \_\_\_\_No \_\_\_Yes, If yes explain:

Please describe any special awards or honors they have earned?

Repeat a grade? \_\_\_No \_\_\_Yes If yes, please explain:

Does your child have specific learning issues?

Do they have a 504 plan? \_\_\_\_No \_\_\_\_ If Yes, what are the accommodations?

Do they have an IEP plan \_\_\_\_No \_\_\_Yes, what are the accommodations?

Describe your child’s strengths and areas of need in learning:

Does your child participate in extracurricular activities? \_\_\_No \_\_\_\_ Yes, list what they are:

If your child has had any specialized testing, such as educational, psychological, vocational, or hearing, etc. I would like you to bring in a copy of the test results. Briefly describe what tests were given and the results as you understand them.

**Family Information**

**Please name every person and animal living in the home:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age | Relationship to client | Please leave blank, I will ask details |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |

**Please list any family members who are no longer living at home:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age | Relationship to client | Please leave blank, I will ask details |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Mental Health of Family Members:** (*excluding child coming in for services*)

Persons name relationship to child type of illness when dx type of treatment?

1.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.

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3.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for taking the time to complete this form. It is very useful to have this background information about your child and family to assist in providing the best care I can deliver. You are invited to update me as needed. If there is information I have not asked but you feel is important that I know in order to treat your child, please include on a separate paper/s and return with this intake.**