Deborah Aloisi, LICSW, 5 Noble Ave, 1st Floor, Westfield, MA 01085 PH 413-275-6999 FX413-568-1658

Child or Adolescent Intake

Child's Name:_______________________________________DOB_________________________________

Name of person completing form (must be legal guardian)______________________________________

Relationship to Child circle one: Biological parent—guardian—adopted parent—step-parent

Address:____Phone:______________________________

Need documentation of custody agreement if child lives in more than one household.

Who does the child live with? List the names of the other members of the household and relationship to child with ages:

__________________________________ ___________________________________

__________________________________ ___________________________________

__________________________________ ___________________________________

__________________________________ ___________________________________

What is the reason for seeking treatment?____

____

____

When were the needs for treatment first identified and how did the problems progress?_______

____

____

What ideally are the goals of treatment?____

____

____

What has been tried in the past?____

____

____

How did your child respond to past mental health treatment?______________________________

____

Current Medications:____

Allergies to medications or the environment:____

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Pediatrician:_______________________________Phone:________________________________

Psychiatrist:_______________________________Phone:________________________________

Name of School:___________________________Phone:_____________________________________

Physical health hospitalizations:____

____

Mental health hospitalizations:____

____

Previous therapist:________________________________Phone:______________________________

Does your child have a 504 or and IEP? Yes or no

What accommodations does your child need to attend school?_______________________________

____

What activities does your child feel a sense of accomplishment in?____________________________

____

Are there results from any specialized testing?____

____

What is your child's favorite way to learn?____

____

Has there been a recent divorce or separation from a parent?________________________________

____

Does your child identify with the gender he or she was born with?_____________________________

____

Who in the child's extended family does the child enjoy spending time with?___________________

____

Any other information that you think would be relevant: