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CHILD BIO-PSYCHOSOCIAL INTAKE

PATIENT'S NAME ____

NAME OF PERSON FILLING OUT THIS FORM: RELATIONSHIP TO PATIENT:

____ ____________________________________

GRADE ______

NAME OF SCHOOL CURRENTLY ATTENDING:

____

CLASSROOM TEACHER ____

WHO DOES CHILD LIVE WITH: (CIRCLE ONE)

BOTH PARENTS MOTHER FATHER OTHER (SPECIFY) _______________________

MOTHER'S NAME ____

OCCUPATION ____YEARS EDUCATION_________________

□ CELL OR □ HOME ___________________________ WORK __________________________

PRIMARY EMAIL ADDRESS ____

FATHER'S NAME ____

OCCUPATION ____YEARS EDUCATION_________________

□ CELL OR □ HOME ___________________________ WORK #__________________________

PRIMARY EMAIL ADDRESS ____

GUARDIAN'S NAME____

(SPECIFY RELATION)_____________________________

OCCUPATION ____YEARS EDUCATION_________________

GUARDIAN'S □ CELL OR □ HOME ___________________________ WORK _______________________

PRIMARY EMAIL ADDRESS ____

PLEASE LIST ALL PEOPLE IN CHILD'S IMMEDIATE FAMILY:

NAME RELATIONSHIP TO CHILD AGE / GRADE LIVING IN HOUSE?

PLEASE LIST ALL OTHER NON-FAMILY MEMBERS WHO LIVE IN HOUSEHOLD:

____

PLEASE LIST ALL LOCATIONS (CITY, STATE) THAT YOUR CHILD HAS LIVED (USE BACK OF PAGE, IF NEEDED):

1. BIRTHPLACE __________________________________ MOVED AT AGE_____ GRADE_____________

2. ____ MOVED AT AGE_____ GRADE_____________

3. ____ MOVED AT AGE_____ GRADE_____________

ARE BIOLOGICAL PARENTS OF CHILD CURRENTLY: (CIRLCE ONE)

MARRIED SEPARATED DIVORCED NEVER MARRIED

IF SEPARATED OR DIVORCED, WHO HAS LEGAL CUSTODY? (CIRLCE ONE)

MOTHER FATHER OTHER (SPECIFY): ____

IF SEPARATED OR DIVORCED, HOW DO YOU FEEL YOUR CHILD HAS ADJUSTED TO THE SEPARATION/ DIVORCE?

____

IF THERE IS A STEPPARENT, DESCRIBE THE RELATIONSHIP AND INVOLVEMENT WITH YOUR CHILD. ARE THERE OTHER ADULTS WHO HAVE A SIGNIFICANT PART IN RAISING YOUR CHILD? IF SO, PLEASE INDICATE NAME & RELATIONSHIP (GRANDPARENT, BOY/GIRLFRIEND, ETC.)

____

HAVE THERE BEEN ANY SIGNIFICANT CHANGES IN THE HOME OVER THE LAST FEW YEARS? (SUCH AS NEW MARRIAGES, DEATHS, BIRTHS, ADDRESS CHANGES, FAMILY SEPARATIONS/DIVORCE, PARENT DATING, PARENT JOB CHANGE, MONEY PROBLEMS, ETC.)

____

WHAT DO YOU FEEL ARE YOUR CHILD'S?

STRENGTHS ____

WEAKNESSES ____

BRIEFLY DESCRIBE YOUR CONCERNS FOR YOUR CHILD

____

____

II. HEALTH AND DEVELOPMENT

A. PREGNANCY AND BIRTH

IS YOUR CHILD: (CIRCLE ONE)

BIOLOGICAL CHILD ADOPTED CHILD FOSTER CHILD OTHER: __________________

MOTHER'S AGE AT BIRTH? _________

DID MOTHER RECEIVE ROUTINE MEDICAL PRENATAL CARE? YES NO

PLEASE SPECIFY ANY MEDICATIONS USED DURING PREGNANCY AND THE REASON USED:

____

PREGNANCY LASTED _______________WEEKS / MONTHS

CHILD'S BIRTH WEIGHT: _______POUNDS ______OUNCES

APGAR SCORE ...AT 1 MINUTE______ ...AT 5 MINUTES______ ☐ UNSURE / DON'T KNOW

DID CHILD GO HOME FROM THE HOSPITAL AT THE SAME TIME AS THE MOTHER? YES NO

IF NO, EXPLAIN WHY:

____

PLEASE CHECK THE CONDITIONS BELOW THAT DESCRIBE THE HEALTH OF THE CHILD AND MOTHER DURING...

MOTHERS PREGNANCY	CHILD'S DELIVERY	CHILD'S CONDITION AT BIRTH
☐ NO COMPLICATIONS	☐ NORMAL	☐ NORMAL
☐ BLACKOUTS	☐ INDUCED LABOR	☐ LACK OF OXYGEN
☐ FALLS	☐ C-SECTION	☐ BREATHING PROBLEM
☐ PHYSICAL INJURY	☐ BREECH BIRTH	☐ BIRTH INJURY/DEFECT
☐ EXCESSIVE BLEEDING	☐ UNUSUALLY LONG LABOR (>12 HOURS)	☐ JAUNDICE
☐ HYPERTENSION	☐ PREMATURE # OF WEEKS	☐ NEWBORN ICU # OF DAYS
☐ DIABETES	☐ OVERDUE # OF WEEKS	☐ OTHER PROBLEM (SPECIFY)
☐ EMOTIONAL STRESS	☐ OTHER PROBLEM (SPECIFY)	
☐ TOXEMIA		
☐ ALCOHOL AND/OR DRUG USE		
☐ USE OF TOBACCO		

B. HEALTH

DESCRIBE THE STATE OF YOUR CHILD'S CURRENT HEALTH:

EXCELLENT GOOD FAIR POOR

HAS YOUR CHILD EVER BEEN IDENTIFIED AS HAVING A DISABILITY? YES NO

IF SO, BY WHOM, WHAT AGE, & WHAT DISABILITY?

____

HAS YOUR CHILD EVER RECEIVED PSYCHOLOGICAL COUNSELING? YES NO

IF SO, BY WHOM (PROFESSIONAL/AGENCY) AND WHEN:

____

HAS YOUR CHILD EVER PARTICIPATED IN THERAPY SERVICES FROM A PRIVATE ENTITY? (I.E., SPEECH, OCCUPATIONAL, PHYSICAL, VISION THERAPY, ETC)? YES NO

IF SO, BY WHOM (PROFESSIONAL/AGENCY) AND WHEN:

____

HAS YOUR CHILD EVER BEEN EVALUATED BY OR PARTICIPATED IN EDUCATIONAL SERVICES FROM A PRIVATE ENTITY (I.E., PRIVATE TUTOR, SYLVAN LEARNING CENTER)? YES NO

IF SO, PLEASE ATTACH RELEVANT REPORTS.

IF SO, BY WHOM (PROFESSIONAL/AGENCY) AND WHEN:

____

HAS YOUR CHILD EVER PARTICIPATED IN AN EARLY INTERVENTION PROGRAM? YES NO

IF SO, BY WHOM (PROFESSIONAL/AGENCY) AND WHEN:

____

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? PLEASE CHECK ALL THAT APPLY.	PLEASE DESCRIBE AND DATES, AND/OR AGE OF ONSET
□ SERIOUS ILLNESSES	
□ HEAD INJURIES	
□ SEIZURES OR CONVULSIONS	
□ SURGERY/HOSPITALIZATION	
□ HISTORY OF EAR INFECTIONS	
□ ALLERGIES AND/OR ASTHMA	
□ VISION PROBLEMS	DATE OF LAST EXAM:
□ HEARING PROBLEMS	DATE OF LAST EXAM:
□ FREQUENT NIGHTMARES AND/OR BEDWETTING	
□ OTHER HEALTH PROBLEM	

C. DEVELOPMENT

PLEASE INDICATE THE AGE OR RANGE WHEN YOUR CHILD PERFORMED THE FOLLOWING MILESTONES (CHECK 1 BOX PER ROW):

MILESTONE	0-3 MONTHS	4-6 MONTHS	7-12 MONTHS	13-18 MONTHS	19-24 MONTHS	2-3 YEARS	3-4 YEARS	OTHER (SPECIFY AGE)
SAT UP WITHOUT HELP								
CRAWLED								
WALKED ALONE								
WALKED UP STAIRS								
SPOKE FIRST WORDS								
SPOKE SHORT PHRASES								
SPOKE IN SENTENCES								

MILESTONE	0-3 MONTHS	4-6 MONTHS	7-12 MONTHS	13-18 MONTHS	19-24 MONTHS	2-3 YEARS	3-4 YEARS	OTHER (SPECIFY AGE)
FULLY BLADDER TRAINED								
FULLY BOWEL TRAINED								
STAYED DRY ALL NIGHT								

III. BEHAVIOR

A. BEHAVIOR IN INFANCY

DURING YOUR CHILD'S FIRST FEW YEARS OF LIFE, WERE ANY OF THE FOLLOWING PRESENT TO SIGNIFICANT DEGREE?

- ☐ DID NOT ENJOY CUDDLING
- ☐ WAS NOT EASILY CALMED BY BEING HELD OR BEING STROKED
- ☐ DIFFICULT TO COMFORT
- ☐ COLICKY
- ☐ EXCESSIVE IRRITABILITY
- ☐ DIMINISHED SLEEP
- ☐ FREQUENT HEAD BANGING
- ☐ DIFFICULT NURSING
- ☐ POOR EYE CONTACT
- ☐ DID NOT TURN TOWARDS CAREGIVERS
- ☐ DID NOT RESPOND TO NAME
- ☐ DID NOT RESPOND TO SPEECH OF CAREGIVERS
- ☐ FASCINATION WITH CERTAIN OBJECTS
- ☐ CONSTANTLY INTO EVERYTHING

B. CHILD'S EARLY TEMPERAMENT: (TODDLER THROUGH FIVE YEARS OF AGE)

ACTIVITY LEVEL – HOW ACTIVE HAS YOUR CHILD BEEN FROM AN EARLY AGE?

☐ NOT ACTIVE	☐ FAIRLY ACTIVE	☐ VERY ACTIVE

DISTRACTIBILITY – HOW WELL WAS YOUR CHILD ABLE TO MAINTAIN FOCUS OR CONCENTRATION, OR PAY ATTENTION TO TASKS?

☐ NOT AT ALL	☐ FAIRLY	☐ HIGHLY ABLE

ADAPTABILITY - HOW WELL WAS YOUR CHILD ABLE TO DEAL WITH TRANSITION, CHANGE, OR WHEN DENIED HIS/HER OWN WAY?

☐ NOT AT ALL	☐ FAIRLY	☐ HIGHLY ABLE

APPROACH/WITHDRAWAL – HOW WELL WAS YOUR CHILD ABLE TO RESPOND TO NEW THINGS (I.E., NEW PLACES, PEOPLE, FOOD, ETC.)?

☐ NOT AT ALL	☐ FAIRLY	☐ HIGHLY ABLE

INTENSITY – WHETHER HAPPY/UNHAPPY, HOW STRONG WERE YOUR CHILD'S FEELINGS EXHIBITED? WERE OTHERS MADE AWARE OF WHEN YOUR CHILD WAS UPSET, ANGRY, DISAPPOINTED, ETC.?

☐ RARELY EXHIBITED	☐ SOMETIMES EXHIBITED	☐ FREQUENTLY EXHIBITED

MOOD – WHAT WAS YOUR CHILD'S BASIC MOOD? DID HE/SHE EXHIBIT FREQUENT OR RAPID CHANGES IN MOOD OR TEMPERAMENT?

☐ RARELY EXHIBITED	☐ SOMETIMES EXHIBITED	☐ FREQUENTLY EXHIBITED

REGULARITY – HOW PREDICTABLE WAS YOUR CHILD'S PATTERNS OF ACTIVITY LEVEL, SLEEP, APPETITE, ETC.?

☐ RARELY PREDICTABLE	☐ SOMETIMES PREDICTABLE	☐ FREQUENTLY PREDICTABLE

PRIOR TO AGE SIX, DID YOUR CHILD HAVE MORE DIFFICULTY THAN OTHER CHILDREN HIS/HER AGE…

- ☐ SITTING STILL AT MEALTIME
- ☐ PAYING ATTENTION WHEN READ TO
- ☐ THROWING A BALL
- ☐ CATCHING A BALL
- ☐ BUTTONING AND ZIPPING
- ☐ HOLDING A CRAYON OR PENCIL
- ☐ ACCIDENTALLY DROPPING THINGS
- ☐ STAYING FOCUSED ON TV, MOVIES, OR VIDEO GAMES
- ☐ WAITING FOR A TURN TO PLAY
- ☐ KNOWING LEFT AND RIGHT
- ☐ ACTING WITHOUT THINKING
- ☐ DRESSING SELF
- ☐ TYING SHOELACES
- ☐ ACCIDENTALLY KNOCKING THINGS OVER

C. DIFFERENTIAL BEHAVIORS

PLEASE CHECK BELOW ALL BEHAVIORS OR CHARACTERISTICS THAT FIT YOUR CHILD OVER THE PAST YEAR:

- ☐ FIDGETS, IS EASILY DISTRACTED, HAS A HARD TIME STAYING SEATED, HAS DIFFICULTY WAITING FOR HIS/HER TURN
- ☐ TALKS EXCESSIVELY, INTERRUPTS OFTEN, DOESN'T LISTEN
- ☐ LOW ENERGY/FATIGUE
- ☐ POOR CONCENTRATION
- ☐ DIFFICULTY INITIATING TASKS
- ☐ DIFFICULTY COMPLETING TASKS
- ☐ DIFFICULTY FOLLOWING INSTRUCTIONS
- ☐ ENGAGES IN IMPULSIVE BEHAVIORS (ACTS BEFORE THINKING)
- ☐ IMMATURE COMPARED TO PEERS
- ☐ ENGAGES IN PHYSICALLY DANGEROUS ACTIVITIES
- ☐ OFTEN DEPRESSED/IRRITABLE MOOD
- ☐ ARREST OR PROBATION OR LEGAL ISSUES
- ☐ OFTEN LOSES THINGS, VERY DISORGANIZED COMPARED TO OTHERS HIS/HER AGE.
- ☐ SHY
- ☐ FEELING OF WORTHLESSNESS OR LOW SELF-ESTEEM
- ☐ WITHDRAWN
- ☐ OVERLY ANXIOUS OR FEARFUL
- ☐ SLEEPING TOO LITTLE/INSOMNIA
- ☐ SLEEPING TO MUCH
- ☐ DIFFICULTY MAKING DECISIONS
- ☐ CRIES EASILY

- ☐ OFTEN ARGUMENTATIVE WITH ADULTS
- ☐ OFTEN ACTIVELY DEFIANT TO ADULT REQUESTS AND RULES
- ☐ BLAMES OTHERS FOR OWN MISTAKES
- ☐ OFTEN ANGRY OR RESENTFUL
- ☐ SOMATIC COMPLAINTS OF NOT FEELING WELL
- ☐ EXCESSIVE SEPARATION DIFFICULTIES
- ☐ EASILY FRUSTRATED
- ☐ LIES
- ☐ STEALS
- ☐ AGGRESSIVE TOWARDS OTHERS
  - ☐ ADULTS
  - ☐ PEERS
- ☐ TEMPER TANTRUMS
- ☐ RAPID MOOD CHANGES/MOOD SWINGS
- ☐ SUICIDAL THOUGHTS
- ☐ EXCESSIVE NEED FOR REASSURANCE
- ☐ POOR APPETITE
- ☐ OVEREATS
- ☐ EXPLOSIVE TEMPER WITH MINIMAL PROVOCATION
- ☐ ODD FASCINATIONS
- ☐ UNREALISTIC WORRY ABOUT FUTURES EVENTS
- ☐ SUBSTANCE ABUSE
  - ☐ DRUGS
  - ☐ ALCOHOL

D. HOME BEHAVIOR:

HOW OFTEN IS EACH OF THE FOLLOWING SETTINGS A PROBLEM FOR YOUR CHILD?

WHILE GETTING READY FOR SCHOOL	☐ RARELY	☐ SOMETIMES	☐ FREQUENTLY
WHEN EATING AT THE DINNER TABLE	☐ RARELY	☐ SOMETIMES	☐ FREQUENTLY
WHEN PLAYING BY HIM/HERSELF	☐ RARELY	☐ SOMETIMES	☐ FREQUENTLY
WHEN PLAYING WITH SIBLINGS/OTHER CHILDREN	☐ RARELY	☐ SOMETIMES	☐ FREQUENTLY
WHEN WITH A BABYSITTER OR DAYCARE	☐ RARELY	☐ SOMETIMES	☐ FREQUENTLY
IN PUBLIC PLACES (CHURCH, STORE)	☐ RARELY	☐ SOMETIMES	☐ FREQUENTLY
WHEN IN THE CAR	☐ RARELY	☐ SOMETIMES	☐ FREQUENTLY
WHEN TOLD TO DO SOMETHING HE/SHE DOESN'T WANT TO DO	☐ RARELY	☐ SOMETIMES	☐ FREQUENTLY
DURING SIT-DOWN HOMEWORK TIME	☐ RARELY	☐ SOMETIMES	☐ FREQUENTLY
WHEN WATCHING TV OR PLAYING VIDEO GAMES	☐ RARELY	☐ SOMETIMES	☐ FREQUENTLY

HOW WOULD YOU DESCRIBE YOUR CHILD'S PERSONALITY AT HOME?

____

HOW DOES YOUR CHILD GET ALONG WITH BROTHERS/SISTERS? YES NO

WHICH ADULT WOULD YOUR CHILD PREFER TO TALK WITH ABOUT A PROBLEM?

____

WHO IS THE FAMILY MEMBER WITH WHOM YOUR CHILD FEELS CLOSEST? ______________________

WHO IS PRIMARILY RESPONSIBLE FOR DISCIPLINE AT HOME? ______________________________

WHAT IS THE MOST EFFECTIVE WAY TO DEAL WITH YOUR CHILD'S BEHAVIOR PROBLEMS AT HOME?

(SPANKING, TALKING, POSITIVE REINFORCEMENT, TIME-OUT, GROUNDING, ETC.)

____

HOW DOES YOUR CHILD RESPOND TO DISCIPLINE?

____

LIST ANY RESPONSIBILITIES YOUR CHILD HAS AT HOME:

____

DOES YOUR CHILD DO THESE REGULARLY? YES NO

DOES YOUR CHILD NEED FREQUENT REMINDERS? YES NO

INDICATE CHILD'S… BEDTIME? ____:____PM WAKE TIME? ____:____ AM

DOES CHILD SLEEP WELL? YES NO

HOW MUCH TIME DOES YOUR CHILD TYPICALLY SPEND ON ELECTRONIC MEDIA?

WATCHING TV: _____ HRS/DAY PLAYING VIDEO/COMPUTER GAMES: _____ HRS/DAY;

OTHER:____ HRS/DAY

HAVE ANY FAMILY MEMBERS EXPRESSED CONCERNS ABOUT YOUR CHILD'S BEHAVIOR? YES NO

EXPLAIN:

____

____

E. SOCIAL BEHAVIOR:

HOW WOULD YOU DESCRIBE YOUR CHILD'S PEER RELATIONSHIPS AND CHOICE OF FRIENDS? (I.E. HOW MANY FRIENDS? WHAT AGE/GENDERS? IS CHILD SHY, OUTGOING, A LEADER, A FOLLOWER, ETC? DOES CHILD ASSOCIATE W/ SCHOLARS OR TROUBLEMAKERS?)

____

____

IV. EDUCATIONAL HISTORY

HOW DOES YOUR CHILD FEEL ABOUT SCHOOL? ____

HAS YOUR CHILD EVER REPEATED A GRADE? YES NO IF SO, WHICH GRADE? _________

DESCRIBE YOUR CHILD'S STRENGTHS AT SCHOOL.

____

____

WHAT ARE YOUR CHILD'S WEAKNESSES AT SCHOOL?

____

____

HOW MOTIVATED DO YOU FEEL YOUR CHILD IS TO LEARN?

____

ABOUT HOW MUCH TIME DOES YOUR CHILD SPEND ON HOMEWORK EACH NIGHT?

____

HOW MUCH OF A STRUGGLE IS HOMEWORK? (CIRCLE ONE)

NOT A STRUGGLE SOMETIMES A STRUGGLE OFTEN STRUGGLES

DOES YOUR CHILD RECEIVE SPECIAL SCHOOL SERVICES (IEP, 504 PLAN, GIFTED/TALENTED)? YES NO

IF YES, WHAT SERVICES, WHEN DID THEY BEGIN?

____

BELOW, PLEASE LIST SCHOOLS ATTENDED AND CIRLCE YOUR CHILD'S OVERALL ACADEMIC AND BEHAVIORAL PERFORMANCE:

DAYCARE/PRESCHOOL NAME ____

ACADEMIC PERFORMANCE:

□ A	□ B	□ C	□ D	□ F

BEHAVIORAL PERFORMANCE:

□ EXCELLENT	□ GOOD	□ FAIR	□ POOR

ELEMENTARY SCHOOL NAME ____

ACADEMIC PERFORMANCE:

□ A	□ B	□ C	□ D	□ F

BEHAVIORAL PERFORMANCE:

□ EXCELLENT	□ GOOD	□ FAIR	□ POOR

MIDDLE SCHOOL NAME ____

ACADEMIC PERFORMANCE:

□ A	□ B	□ C	□ D	□ F

BEHAVIORAL PERFORMANCE:

□ EXCELLENT	□ GOOD	□ FAIR	□ POOR

HIGH SCHOOL NAME ____

ACADEMIC PERFORMANCE:

□ A	□ B	□ C	□ D	□ F

BEHAVIORAL PERFORMANCE:

□ EXCELLENT	□ GOOD	□ FAIR	□ POOR

OTHER INFORMATION YOU BELIEVE MAY BE RELEVANT IN THE EVALUATION OF YOUR CHILD:

____

____