

A Child At Heart Therapy LLC Child Intake Form

Child's Information:

Name	Date of Birth	Age	
Name preferred to be called	Male	Female	
Street Address	City	State	Zip Code
Parent Name	Parent Name		
Occupation	Occupation		
Contact Number	Contact Number		
Email	Email		
Number of Siblings	Place in family (i.e. oldest/youngest)		
Sibling Name	Age	Grade	Gender
Sibling Name	Age	Grade	Gender
Sibling Name	Age	Grade	Gender
Sibling Name	Age	Grade	Gender
Current Living Arrangement? _____			
Divorce: Yes/No If Yes, when? _____			
Was the Divorce hostile? Yes/No Explain: _____			
How is the custody divided? _____			

Is either parent remarried? Yes/No Who? _____ When? _____
Step Brothers/Sisters? Yes/No

Does one parent travel for work or work long hours? If so how much are they gone: _____

Who makes majority of decisions at home: _____

Extended family involvement: _____

Type of Discipline used at home: _____

Who gives out the discipline: _____

Has your child been a victim of Abuse or neglect? If so explain: _____

Has your child witnessed domestic violence or drug use? If so explain: _____

Has your child experiences any significant grief? If so explain: _____

Development:

Was your child born: On time _____ Early _____ Late _____ Induced _____
If Early or Late by how much? _____

How much did your child weigh at birth _____ Height at birth _____

How long did your child stay in the hospital? _____

Were there any complications with pregnancy or birth? If so explain: _____

When did your child start: Walking _____ Talking _____ Master Potty Training: _____

Education:

Did your child attend preschool? where and for how long? _____

Current School _____ Grade _____ Teacher _____

How many schools has your child attended? List schools: _____

Repeated any grade? Yes/No

Skipped any grade? Yes/No

Special Education (IEP)? Yes/No If yes how did your child qualify? _____

504 plan? Yes/No If yes how did your child qualify? _____

Current grades in: Reading _____ Writing _____ Math _____
Science _____ Social Studies: _____ Art _____
P.E. _____ Music _____ Other _____

How many days of school has your child been absent? _____

How many days has your child been sent home for behavior? _____

I believe my child is good at: _____ Math _____ Reading _____ Writing _____ Science

_____ Social Studies _____ Making Friends _____ Focus/Attention _____ Rule Following

_____ Homework _____ Behavior _____ Social _____ Emotional

Other _____

I believe my child struggles with: _____ Math _____ Reading _____ Writing _____ Science

_____ Social Studies _____ Making Friends _____ Focus/Attention _____ Rule Following

_____ Homework _____ Behavior _____ Social _____ Emotional

Other _____

Who at school does your child work with (i.e. counselor, nurse, para, etc.) _____

School Difficulties? (i.e. Bullying, attention/focus, friends etc) _____

Extra Curricular Activities/Sports/Hobbies _____

Health:

Does your child have any medical conditions? Yes/No Explain: _____

Any allergies? _____

Vision or hearing concerns? _____

What medications is your child taking? _____

What is the medication for? _____

Is the medication helping? _____

How well does your child sleep? _____

Bedtime _____ Wake up at _____

Does your child eat well or are they a picky eater? _____

When was your child's last physical? _____

Any Health related concerns? _____

Character:

Check All That Apply: The following describes my child:

____ Happy ____ Angry ____ Sad ____ Easily upset ____ Calm ____ Outgoing

____ Shy ____ Talkative ____ Quiet ____ Leader ____ Follower ____ Dramatic

____ Organized ____ Messy ____ Obedient ____ Challenging ____ Curious

____ Humorous ____ Timid ____ Responsible ____ Respectful ____ Easily Distracted

____ Artistic ____ Creative ____ Athletic ____ Enjoys School ____ Nervous ____ Social

____ Likes to be touched/cuddled ____ Complains of stomach aches ____ Anxious

____ Suicidal ____ Violent ____ Dangerous ____ Emotional ____ Fearful ____ Aggressive

Other _____ Other: _____

What are your child's strengths: _____

What are your child's weakness: _____

What are your families strengths? _____

What are your families weakness? _____

History of mental health in family? Explain _____

Has your child/family been in counseling before? Explain: _____

What is your goal for your child with counseling? _____

Community/Church involvement? Explain: _____

How did you hear about A Child At Heart Therapy/Jessi Wheatley: _____

Any other Information you want to add _____

