

# Child/Adolescent Intake Form



## CLIENT INFORMATION

Client name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Gender Male \_\_\_ Female \_\_\_ Ethnicity \_\_\_\_\_  
\_\_\_\_\_ School child attends \_\_\_\_\_  
Parent/Caregiver name \_\_\_\_\_  
Phone \_\_\_\_\_ (cell) \_\_\_\_\_ (work/home) May we leave a message? Y/N  
Would you like an email appointment reminder? Circle: Y/N Email: \_\_\_\_\_  
How did you hear about New Solutions Counseling? \_\_\_\_\_

## MEDICAL HISTORY

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_ Location \_\_\_\_\_  
Medical Conditions \_\_\_\_\_ Date of onset \_\_\_\_\_  
\_\_\_\_\_ Date of onset \_\_\_\_\_  
Hospitalizations (include dates) \_\_\_\_\_

### Medications

### Dosage/Frequency

Medications	Dosage/Frequency

Has your child ever abused alcohol or drugs? If yes when \_\_\_\_\_ Frequency of use \_\_\_\_\_  
Is your child a tobacco user? \_\_\_\_\_ If yes describe frequency \_\_\_\_\_  
Has your child ever received prior mental health treatment? Yes \_\_\_ No \_\_\_  
Name of provider \_\_\_\_\_ Diagnosis (include dates) \_\_\_\_\_  
\_\_\_\_\_

# Child/Adolescent Intake Form



## REASON FOR SEEKING COUNSELING

Please state the reason you are seeking professional counseling services for your child at this time.

How long has your child struggled with these problems?

**Has your child ever experienced anything he/she perceived as traumatic? If yes please describe.**

---

---

---

---

---

(Examples: robbery, rape, death in family, domestic violence, sexual abuse, emotional/physical abuse, severe injury)

## FAMILY PSYCHIATRIC HISTORY

**Please answer the following questions regarding your family's psychiatric history:**

Does your child's biological mother or father have a history of mental or emotional problems or substance abuse? If yes, please explain: \_\_\_\_\_

Is child's mother living or deceased? \_\_\_\_\_ father? \_\_\_\_\_ If deceased what year? \_\_\_\_\_

Has anyone in your child's family ever attempted \_\_\_\_\_ or committed \_\_\_\_\_ suicide? Yes\_\_\_ No\_\_\_  
If yes who? \_\_\_\_\_ when? \_\_\_\_\_

Has anyone in the child's family ever been arrested, or been involved in a legal situation? If so, please describe: \_\_\_\_\_

## Child/Adolescent Intake Form



### FAMILY DYNAMICS/STRUCTURE

**Please list all individuals living in the household:**

Name	Relationship to child	Age	Living in home?

Are biological parents currently  married  separated  divorced  never married

If separated or divorced, who has legal custody?  mother  father  shared  other

**Have there been any significant changes in the home over the last few years? Describe:**  
 (Examples: marriage, births, deaths, relocation, family separation/divorce, other stressor)

**How do you feel your child has adjusted to the change?** \_\_\_\_\_  
 \_\_\_\_\_

### CHILD'S BEHAVIOR

**During your child's first few years of life were any of the following problems present?**

Excessive irritability	Yes	No
Diminished sleep	Yes	No
Poor eye contact/did not turn towards caregivers	Yes	No
Did not respond to name or speech of caregivers	Yes	No
Frequent head banging	Yes	No

# Child/Adolescent Intake Form



---

## **CHILD'S TEMPERAMENT**

**\*Adaptability (how well was your child able to deal with transition, change, or when denied his/her own way?)**

**\*Approach/Withdrawal (how well was your child able to respond to new things such as places, people, etc. ?)**

**\*Mood (what was your child's base mood? Did he/she exhibit frequent or rapid changes in mood?)**

**\*Regularity (how predictable was your child's patterns of activity level, sleep, appetite, etc.?)**

## **HOME BEHAVIOR**

**How often do each of the following settings present a problem for your child (examples: rarely, frequently, occasionally, often)**

- **While getting ready for school** \_\_\_\_\_
- **When eating at the dinner table** \_\_\_\_\_
- **In public places where he/she needs to behave** \_\_\_\_\_
- **When in the car** \_\_\_\_\_
- **When told to do something he/she doesn't want to do** \_\_\_\_\_
- **During sit-down homework time** \_\_\_\_\_

## Child/Adolescent Intake Form



---

**How would you describe your child's personality?**

**If applicable, how does your child get along with siblings?**

**Which adult does your child generally prefer to talk with about a problem?**

**Please list any responsibilities your child has at home:**

- |    |    |
|----|----|
| 1. | 3. |
| 2. | 4. |

### **SOCIAL BEHAVIOR**

**How would you describe your child's peer relationships and choice of friends?**

**Would you describe your child as shy, outgoing, a leader, a follower, etc.?**

**Please list any hobbies or interests your child has.**

**What do you consider your child's strengths and areas to improve upon?**