AGIUS PSYCHOLOGY
Professional Corporation

Intake Form - Children

Parents - Please complete in detail

Please tell us why you are seeking services for your child...:

Have you ever sought services for this issue?: ☐ Yes ☐ No

If Yes, what services has your child had for this issue, and when?:

Your child's current symptoms (check all that apply)

- ☐ Academic Issues
- ☐ Appetite Issues or Picky Eating
- ☐ Anxiety or Anxious Behavior Attention
- ☐ Difficulties
- ☐ Defiance
- ☐ Depression or Depressive Behavior
- ☐ Hyperactivity
- ☐ Impulsivity or Impulsive Behavior
- ☐ Limited Social Skills
- ☐ Speech or Language Delay
- ☐ Nightmares or Night terrors
- ☐ Substance Use
- ☐ Tantrums
- ☐ Withdrawal

Has your child experienced suicidal ideation or attempts in the past three (3) months? ☐ Yes ☐ No
Is your child currently expressing or experiencing suicidal ideation? ☐ Yes ☐ No

Has your child experienced homicidal ideation or attempts in the past three (3) months? ☐ Yes ☐ No
Is your child currently expressing or experiencing homicidal ideation? ☐ Yes ☐ No

PLEASE NOTE: If you have answered yes to any of the above questions you will be contacted by a member of our clinical team.

Developmental History

Please describe any prenatal or birth complications your child had...

Please describe when, and why you initially became concerned about your child...:

At what age did your child begin using single words that were understood by most people (not only by immediate relatives)?

At what age did your child begin walking?

Your Child's Family

Please write the name and relationships of the individuals your child currently lives with, as well as their ages...:

Do your child's parents or legal guardians live in the same house with the child:

If you answered "no" above, please indicate the reason:

How is your child's relationship with their caregivers (i.e. parents)?:

How is your child's relationship with his/her sibling(s)?:

Your Child's Education

What grade is your child in? (if it is summer, what grade will they be in):

Does your child receive special education service? Does your child have an IEP?:

If Yes, what is your child's eligibility based on?:

Please describe any concerns your child's teacher has expressed to you.

Please describe your child's social interactions inside and outside of school...:

Your Child's Medical History

Please list all of your child's current medical conditions and allergies:

Please list all of your child's current medications: