

# Child Therapy Intake Form

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*\* indicates a required field*

**\* Name of person completing this form.**

**\* Your relationship to the child?**

**\* The reason for your child's visit.**

**\* On a scale of 1-10, how intense is your child's emotional distress?**

- 1 (Mild)
- 2
- 3
- 4
- 5 (Moderate)
- 6
- 7
- 8
- 9
- 10 (Severe)

**\* Overall, how much does this problem affect your child's ability to perform in school, get along with others, and/or perform daily tasks, such as chores, homework, etc.?**

- 1 (Mildly disruptive)
- 2
- 3
- 4
- 5 (Moderately disruptive)
- 6
- 7
- 8
- 9
- 10 (Incapacitating)

**\* When did these problems start? What was going on in your child's life at the time?**

## **PSYCHIATRIC AND MEDICAL HISTORY**

**\* Please list your child's past or current psychiatric or mental health diagnosis.**

**\* Please list all of your child's current and past medical or physical health diagnosis.**

**\* Please list each of your child's current prescribed medications and the medical or mental health concern for which the medication is prescribed.**

**\* Name of child's pediatrician.**

**\* Pediatrician's address and phone number.**

**\* Date and results of last physical.**

**\* Name of child's psychiatrist.**

**\* Child Psychiatrist address and phone number.**

**\* Date and results of last visit with child's psychiatrist.**

## **CHILD'S DEVELOPMENTAL HISTORY**

**\* Please provide information regarding the mother's pregnancy and delivery.**

- Full-Term
- Premature
- Normal
- Breech
- Cesarean
- Transectional

**\* Did Mother use any of the following during pregnancy? If so, please describe details, to include frequency of usage, name of drug/alcohol of choice, name of prescribed medications, etc.**

- Alcohol
- Drugs
- Cigarettes
- Prescribed medication
- Nonmedical use of prescription medication

**\* Child's birth weight? Any complications at birth?**

**\* Please provide the age and details of when your child met these developmental milestones.**

Walked alone

First word

Used two word phrases

Understood and followed simple directions

Reasonably well toilet trained

Excessive or rare crying

## **MENTAL HEALTH TREATMENT HISTORY**

**\* Has your child ever been hospitalized for psychological or psychiatric reasons?**

Yes

No

\* If yes, please describe when, where, and the reasons for hospitalization.

\* Please provide information regarding any other mental health professionals, ie. Therapist, Social Worker, School Counselor, etc., your child has consulted or received treatment from. Please include approximate dates, type of professional seen, reason for the consultation/treatment, frequency of the treatment, and outcome of the treatment.

## SCHOOL HISTORY

\* Where does your child attend school?

\* What's your child's current grade?

\* What type of grades does your child typically earn? Has there been a change in your child's grades and/or academic performance? Please describe.

**\* What are your child's academic strengths? Do you have any areas of concern related to your child's academic performance?**

**\* Is your child currently, or has ever, participated in any of the following academic programs? And if so, please provide the reason and the grade level participation occurred.**

- Resource
- Acceleration/Honors Program
- 504 Plan
- Individual Education Plan (IEP)

## **CHILD'S CURRENT HABITS**

**\* Please describe your child's current habits in each of the following areas, to include frequency, number of hours, engagement, cooperation, etc.**

- Smoking
- Drinking
- Drug Use
- TV Use
- Internet Use
- Video Game Use
- Caffeine Intake
- Exercise
- Eating
- Sleeping
- Fun and Relaxation
- Chores and Responsibilities

## **RELATIONSHIPS**

**\* Please describe in detail your child's relationship with each of the following people, if applicable.**

Biological Mother

Biological Father

Step-parents

Legal guardians

Siblings

Extended family

Friends

Romantic partner(s)

Classmates

Total number of close, supportive relationships

## **STRESSFUL LIFE EVENTS**



**\* Please describe any significant or stressful life events that your child has been experiencing.**

- A recent move or change in school
- Abuse or neglect
- Bullied or ignored by peers
- Academic difficulties
- Weight control or body image issues
- Sexual orientation concerns
- Self-injury
- Death or illness of a loved one or pet
- Family conflict
- Separation, Divorce or Change in Family
- Other

## **FAMILY HISTORY OF MEDICAL AND/OR MENTAL HEALTH CONCERNS**

**\* Is there any family history of medical concerns that we should be aware of? If so, please identify the family member and presenting medical concern.**

**\* Are there any family members with a current or previous mental health diagnosis? If so, please identify the family member, current diagnosis and treatment history.**

## **ADDITIONAL INFORMATION**

**\* What are your child's positive qualities and skills? What do you like about your child? What qualities have helped your child to succeed at overcoming difficulties in the past?**

**\* Please tell us about your child's interests (sports, hobbies, talents, etc.).**

**\* Is your child in agreement with you that the problem or concern is impacting their current daily functioning and life? Is your child in agreement that the problem or concern requires help at this time?**

**\* What are some goals for your child's therapy? What would you like them to achieve by attending therapy? What would your child like to achieve by attending therapy?**

**\* What concerns do you have about your child attending therapy or working on these problems?**

**\* Is there anything else that you would like us to know?**