



ABHA
ADVANCED BEHAVIORAL HEALTH ANALYSIS LLC

CHILD & ADOLESCENT INTAKE QUESTIONNAIRE

Confidential

The following questionnaire is to be completed by the child’s parent or legal guardian. This form has been designed to provide essential information before your initial appointment in order to make the most productive and efficient use of our time. Please feel free to add any additional information, which you think, may be helpful in understanding your child. Information provided by you is strictly confidential and will only be released in accordance with HIPPA guidelines and as mandated by law. Please use the backs of the pages for additional information.

PLEASE PRINT

Name of Person Completing this form: _____

Legal Name of Child/Adolescent: _____

Nickname or name child routinely goes by: _____

Child’s Date of Birth: _____ Age: _____

Home Address: _____

Street City County State Zip

Home Telephone Number: ___-___-____

Work Phone(s) Mother: ___-___-____

Father: ___-___-____

Cellular Phone(s) Mother: ___-___-____

Father: ___-___-____ Sponsor’s Rank: _____

School Name: _____ System: _____ Grade: ____

School Telephone Number: _____

Current Teacher(s): _____

Who referred you to our practice? _____

Please describe the problems your child is now having, and what type of services you are seeking from us for these problems. Please use the back of this page for additional space.

INDICATE PARENT/GUARDIANS LIVING IN THE HOME:

Marital Status: Married – Remarried – Divorced – Separated – Widowed – Single – Cohabitants

- If divorced, who has physical custody? _____ Is it full or joint? _____
- Who has legal custody? _____ Is it full or joint? _____
- If divorced, please provide a copy of the custody agreement.

Mother's Name: _____ Rank: _____

Date of Birth: _____ Age: _____

Occupation: _____ SSN: _____

Employer: _____ email: _____

Education Completed _____ Health: ___ Excellent ___ Good ___ Fair ___ Poor

Father's Name _____ Rank: _____

Date of Birth: _____ Age: _____

Occupation: _____ SSN: _____

Employer: _____ email: _____

Education Completed _____ Health: ___ Excellent ___ Good ___ Fair ___ Poor

Does either parent's job require him/her to be away from home long hours or extended periods?

If YES, how often? _____

Siblings:

Name	Age	Relationship	Living in	School	Grade
_____	_____	_____	Y/N	_____	_____
_____	_____	_____	Y/N	_____	_____
_____	_____	_____	Y/N	_____	_____

Please list additional Siblings in the above format on the back of this page.

PSYCHOLOGICAL HISTORY:

Is there a history in your immediate or in the mother's or father's extended family, or the following and if so who?

Yes	No		Who
____	____	Autism Spectrum Disorders	_____
____	____	Learning Problem/Disabilities	_____
____	____	ADHD – ADD --- Attention Problems	_____
____	____	Depression & Manic --- Depression	_____
____	____	Behavior Problems in School	_____
____	____	Anxiety Disorders (OCD, Phobias, etc.)	_____
____	____	Mental Retardation	_____
____	____	Psychosis/Schizophrenia	_____
____	____	Substance Abuse/Dependence	_____
____	____	Other Mental Health Concern (Please List)	_____

Has the child you are seeking services for been evaluated in the past? Yes/No

If Yes, please list the following information on the previous evaluation(s)

Who	Type	When	Copy Available
_____	_____	_____	Y/N
_____	_____	_____	Y/N
_____	_____	_____	Y/N
_____	_____	_____	Y/N

(If more evaluations need to be listed please use the space on the back of this page.)

If yes, what were their general findings and recommendations?

Please provide us with any other information on the psychological history that you feel would be helpful to us in understanding your child: _____

PRE---NATAL AND DELIVER HISTORY:

Were there any complications with the Pregnancy? Y/N

If Yes, please provide treatment details:

Was birth at Full Term? Y/N

If No, please provide detail:

Type of Delivery: Spontaneous/Induced

Vaginal/C---Section

Complications? Y/N

If Yes, Please provide details:

Birth Weight: _____ lbs. _____ oz. Apgar Scores: _____

Concerns at Birth? Y/N

If Yes, please provide detail – including any treatments given (Additional space on back if needed):

Is there any additional pre---natal or birth information that might be of assistance to us?

DEVELOPMENTAL HISTORY:

1. Please indicate the age at which your child did the following:

Rolled over consistently	_____	Said two---three word phrases	_____
Sat up unsupported	_____	Used Sentences regularly	_____
Stood	_____	Toilet trained during the day	_____

Crawled	_____	Dry through the night (6+ months)	_____
Walked Unassisted	_____	Dressed Self	_____
Said 1 st Word Intelligible to strangers	_____		

2. Please indicate if your child is experiencing any of the following:

- Problems with eating _____
- Isolated socially from peers _____
- Problems making friends _____
- Problems keeping friends _____
- Problems getting to sleep _____
- Problems controlling temper _____
- Nightmares _____
- Bed Wetting/Soiling _____
- Problems with Authority _____
- Anxiety _____
- Unmotivated _____
- School concentration difficulties _____
- Grades dropping or consistently low _____
- Sadness or Depression _____

3. List any operation, serious illnesses, injuries (especially head), hospitalizations, allergies, ear infections, or other special conditions your child has had.

4. List any medications your child is currently taking or has taken for extended periods (give dosage level if possible):

5. Child's current height: _____ Ft. _____ Inches Weight: _____ lbs.

6. With which hand does the child write: _____

7. Does the child have any vision problems? _____

8. Please list date of last vision test and who performed (pediatrician, optometrist, School)

9. Does the child have any hearing problems? _____
Please list date of last hearing test and who performed (pediatrician, optometrist, School)

10. Name of child's physician(s) _____
Practice Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

(Please list information on additional Physicians on the back of the page)

EDUCATION HISTORY:

1. List in chronological order all schools your child has attended:

Name	System	Year(s)	Grade	Special Ed

2. Name(s) of current teacher(s) _____

3. Does your child's teacher have concerns about him/her (list)

4. What is your child's favorite subject/class? _____

5. What is your child's least preferred subject/class? _____

6. Has your child ever repeated a grade? Y/N If yes, what grade (s)?: _____

7. If your child has been in Special Education, did they have a:
- 504 Plan
 - Occupational Therapy Evaluation
 - I.E.P.
 - Physical Therapy Evaluation
 - Psychological Evaluation
 - Adaptive Technology
 - Special Evaluation
 - Evaluation
 - Behavior Intervention Plan

8. If your child has been in Special Education, how were they served?

- | | |
|--|---|
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Resource Classroom |
| <input type="checkbox"/> Collaborative Education | <input type="checkbox"/> Team Taught Classes |
| <input type="checkbox"/> Pull---Out | <input type="checkbox"/> Self---Contained Classroom |
| <input type="checkbox"/> Special Program | <input type="checkbox"/> Psycho educational Center |

9. Child's extracurricular activities, including sports, clubs, hobbies, lessons, etc.:

- | | | |
|--------------------|--------------|-------------------------------|
| _____ Football | _____ Karate | _____ Dance (type) _____ |
| _____ Baseball | _____ Piano | _____ Music (type) _____ |
| _____ Cheerleading | _____ Scouts | _____ Gymnastics (type) _____ |
| _____ Basketball | _____ Soccer | _____ Other(s): _____ |

10. List any special abilities, skills, strengths your child has:

DISCIPLINE INFORMATION

Parents may use a wide range of discipline strategies with their children. Listed below are several examples. Please rate how likely you are to use each of the strategies listed:

Intervention	Very Unlikely					Very Likely	Effectiveness
	1	2	3	4	5	_____	
Let situation go	1	2	3	4	5	_____	_____
Take away a privilege (ex., no TV)	1	2	3	4	5	_____	_____
Assign an additional chore	1	2	3	4	5	_____	_____
Take away something material	1	2	3	4	5	_____	_____
Send to room	1	2	3	4	5	_____	_____
Physical punishment	1	2	3	4	5	_____	_____
Reason with child	1	2	3	4	5	_____	_____
Ground child	1	2	3	4	5	_____	_____
Yell at child	1	2	3	4	5	_____	_____
Send to time out	1	2	3	4	5	_____	_____
List anything else you may do:							
_____	1	2	3	4	5	_____	_____

Go back and rate the **THREE MOST** effective strategies. That is, place a 1 by the most effective, a 2 by the next most effective, and a 3 by the third most effective. Please circle the **LEAST** effective. Please rate what percentage of discipline is handled by each of the following:

Father: _____% Mother: _____% Other: _____% (Please Specify:) _____

GENERAL INFORMATION:

Please list the **five** things you would like for your child to do more of and less of in order of priority to you. For example, instead of saying, "I want my child to be more responsible," translate that into actual behaviors such as do household chores, care for brothers and sister, etc.

<u>Like Child to do More Often</u>	<u>Like Child to do Less Often</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

INFORMED CONSENT FOR BEHAVIORAL SERVICES:

I hereby voluntarily apply for and consent to services by Onward Momentum LLC. This consent applies to myself, ward, or client named below. Since I have the right to refuse services at any time, I understand and agree that my continued participation implies voluntary informed consent. I understand and agree that my disclosures and communications are considered privileged and confidential except to the extent that I authorize a release of information, or under certain other conditions listed below: (1) where abuse or harmful neglect of children, the elderly, or disabled or incompetent individual is known or reasonably suspected; (2) where such information is necessary for the company to pursue payment for services rendered; (3) where an immediate threat of physical violence against a readily identifiable victim is disclosed to the therapist; (4) where the client is examined pursuant to a court order. I hold Onward Momentum LLC harmless for releasing information under the above conditions.

Signature

Date

Printed Name

Name of Client