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CHILD INTAKE FORM

Parent/Guardian to fill out pertaining to children or Adolescent

General Information:

Child's Name: ____

Date of Birth: _____/_____/_____ Age: __________ Gender: __________________________

Your Name: ____

Relationship to the Child: ___________________________

Address: ____

____

Phone Number (Day): ______________________ Phone Number (Evening):________________

Primary Care Physician: ____

Family Information:

Please list all of the significant parental figures involved

Name	AGE	Gender	Relationship to Child	Highest Level of Education	Occupation

Marital Status of the child's biological parents:

Single Married Divorced Remarried Living Together

If married, date of marriage: ____

If divorced, date of divorce: ____

If biological parents are divorced, who has legal custody of the child?

Mother **Father** **Other**

If other, Please explain:

Please describe the custody arrangements:

Number of previous marriages & length for mother: ________________________________

Number of previous marriages & length for father: ________________________________

Please list all of the child's siblings

Name	Age	Gender	Relationship to Child	Currently Living in Home	Does This Child Have Any Behavior or Emotional Challenges
				Y N	
				Y N	
				Y N	
				Y N	

Developmental History:

Please list any difficulties that occurred during pregnancy or delivery:

Please describe any concerns related to your child's development:

Health:

Please list all major illnesses, injuries, surgeries, accidents, or other medical conditions that your child has experienced:

DATES	INCIDENT	TREATING PHYSICIAN

To your knowledge, has your child ever had any of the following?

Diagnosis or Problem	**Yes**	**No**	Person who told you this and their position (ie: 3rd grade teacher, physician). Do not include names.
Aggression			
Alternating Mania/Depression (Bipolar)			
Anxiety			
Attention Deficit Hyperactivity Disorder			
Autism			
Behavior/Discipline Problems at Home			
Behavior/Discipline Problems at School			
Conduct Disorder			
Depression			
Emotional Disturbance			
Hospitalized for Emotional Problems			
Problems with the Law			
Learning Disability or Dyslexia			
Learning Problems at School			
Mental Retardation			
Muscle Twitches or Motor Tics			
Nervous Breakdown			
Obsessive Thoughts/Compulsive Actions			
Oppositional Defiant Disorder			
Problems with Alcohol Abuse			
Problems with Drug Abuse			
Schizophrenia			
Suicide			
Tourette's Syndrome			
Other Psychological/Behavioral Problems			

Please list any prescription medications that your child is currently taking:

Medication	Dosage	Reason Taken	# of Times a Day Taken	# of Days a Week Taken	Prescribing Physician

Please describe your child's medication compliance:

Please describe any side effects from the medications:

Education:

School Name: ____

Your child's current grade in school: __________ Typical Grades: ______________________

Has your child ever been held back in school? Y N

If so, please describe the circumstances:

Has your child ever been suspended or expelled?

If so, please describe the circumstances:

Has your child ever been tested for intellectual ability or had any other psychological testing?

If so, what was the most recent date of testing?

Please describe the results:

Does your child have a 504 Plan?

If so, please describe the nature of the accommodations:

Does your child receive special education services?

If so, please describe the nature of the services received:

Does your child's teacher have concerns about your child?

If so, please describe:

Is your child currently participating in a school/classroom intervention?

If so, please describe:

Please list any concerns that you have for your child related to school:

Current Reasons for Seeking Treatment:

Please describe the reasons that you are seeking treatment for your child at this time:

Please briefly describe the history of these concerns and list all factors that may trigger or intensify these concerns:

Please list the things that you have tried/done to help your child:

Please describe your child's strengths: