



Child Intake

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____

Phone: Home: _____ Cell: _____ Work: _____

Email: _____ Best way to contact you? _____ If by phone, may I leave a message? _____

How were you referred? _____

Emergency Contact: Who should be contacted in case of emergency?

Name: _____ Relationship: _____ Phone #: _____

Family Information:

Primary Caregivers, names and ages: _____

Full brothers/sisters, with ages: _____

Step-parents, names and ages: _____

Step-siblings, with ages: _____

Half-siblings, with ages: _____

Residence History: Please describe where the child has lived, when, and with whom including any custody arrangements, if applicable:

Family Relationships: Please describe how well this child gets along with other members of the family:



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Social History:

Does the child have a best friend? Yes No If yes, Male Female If yes, what is the friends age? _____

If yes, what is the length of the friendship? _____ How many close friendships does the child have? _____

How many hours per week are spent socializing outside of school hours? _____

Has the child slept over at any friends' homes? Yes No

What type of social activities does the child enjoy?

Do you have concerns about the child's friendships? Yes No

If yes, what concerns do you have? _____

Has the child ever been in any legal trouble? Yes No

If yes, please describe current or past legal matters: _____

Please describe any legal matters of caregivers, other siblings, or parents (arrests, jail times, fines):

Is the child involved in any religious or spiritual practices? Yes No If yes, please describe your religion, faith, belief, and practice:

Do you have knowledge or suspicion of the child using any of the following?

Drugs Alcohol Cigarettes Other: _____

Has the child ever been the victim of abuse? Yes No If yes, answer the following questions:

Physical Abuse: Yes No If yes, by whom? Was this reported? Yes No

Emotional Abuse: Yes No If yes, by whom? Was this reported? Yes No

Sexual Abuse: Yes No If yes, by whom? Was this reported? Yes No

Has the child ever been the perpetrator of abuse? Yes No If yes, please describe:



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Educational History:

Please list schools attended, with city, and dates.

Current Grade: _____ If applicable, which grades have the child repeated? _____

General School Performance: (Please give any information that may be helpful in understanding your child school experience. Example- Grades, Extra Curricular Activities, Learning Disability, Special Education accommodations, etc.)

Please list the child's strengths & weaknesses (personal and academic):

Mother:

Education: _____ Occupation: _____

Shifts worked: _____ Hours per week: _____

Likes work: Yes No

Father:

Education: _____ Occupation: _____

Shifts worked: _____ Hours per week: _____

Likes work: Yes No

Step-Mother:

Education: _____ Occupation: _____

Shifts worked: _____ Hours per week: _____

Likes work: Yes No

Step-Father:

Education: _____ Occupation: _____

Shifts worked: _____ Hours per week: _____

Likes work: Yes No



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Work History

Chores (what, how often)

[Empty box for chore details]

If applicable, please describe weekly allowance or earnings. _____

Has anyone in the child's family ever served, in any branch of the military? Yes No If yes, please provide relevant information regarding combat history, branch of military, discharge status? _____

Medical & Behavioral Health History

Has the child previously received any type of mental health services? Yes No

If yes, please provide names of practitioner(s) and date(s): _____

Is the child currently taking any prescription medications: Yes No If yes, please list medications and prescriber:

Below, please identify any family history of the following. If yes, write the relationship in the space provided (Father, Uncle, Grandmother, etc.)

Alcohol/Substance Abuse _____

Anxiety _____

Depression _____

Domestic Violence _____

Eating Disorder/Issues w food _____

Obsessive Compulsive Behaviors _____

Schizophrenia _____

Suicide (including attempts) _____

Mental health or psychiatric treatment: _____

Circle anything that has happened in the child's family or friendships in the past three years:

- Death of family member/ friend /significant relationship
- Major illness or injury of child
- Major illness or injury to someone child's life
- Relationship change of caregiver(s)

- Change in job status of caregiver(s)
- Move to another state or town
- Legal Issues in family
- Financial Changes impacting family

How would you rate the child's current physical health?

Poor Unsatisfactory Good Very Good

Please list any specific health concerns: _____

Developmental history:

Age walked: _____ Age spoke single words? _____ Age spoke phrases: _____



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Age potty trained, daytime: _____ Age potty trained, nighttime: _____ Age dressed self: _____

Any developmental concerns: _____

Mealtime/Eating problems: _____

Bedtime/Sleeping problems: _____

Any irrational fears: Yes No If yes, describe: _____

Of 100%, what percent of directions does the child follow the first time they are given: _____

List any aggressive behaviors of concern: _____

Sleeps in own bed: Always Sometimes Rarely Never

How would you rate the child's current sleep habits?

Poor Unsatisfactory Good Very Good

Number of hours of sleep nightly: _____ How many times per week does the child exercise? _____

Please list any difficulties or changes in the child's appetite or eating patterns:

Is the child displaying signs of overwhelming sadness, grief, or depression? Yes No

If yes, what has indicated that? _____

Is the child displaying signs of anxiety, panic attacks, or have any phobias? Yes No

If yes, what has indicated that? _____

Has the child ever displayed any self-harming behaviors or discussed thought of harming themselves? Yes No If yes, please describe:

How would you rate the child's ability to concentrate?

Poor Unsatisfactory Good Very Good

Has the child had any recent weight loss or gain? Yes No If yes, how much? _____

How would you rate the child's energy level?

Poor Unsatisfactory Good Very Good

Please describe behaviors related to the child's energy level:

Mothers overall health during pregnancy: _____

Mothers age at delivery: _____ Birth: Vaginal C-Section Treated for postpartum depression? Yes No

Complications during pregnancy or birth: _____

Health problems in biological family history, either side: _____



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Disciplinary History

Check techniques used with child, write who uses this technique (i.e. Mom, Dad, Grandparents, Babysitter, all.), and circle if successful.

- | | |
|--|---|
| <input type="checkbox"/> Give instructions _____ | <input type="checkbox"/> Special activities _____ |
| <input type="checkbox"/> Repeat Instructions _____ | <input type="checkbox"/> Verbal critique _____ |
| <input type="checkbox"/> Charts/lists _____ | <input type="checkbox"/> Disapproving look _____ |
| <input type="checkbox"/> Time out _____ | <input type="checkbox"/> Reasoning/lecture _____ |
| <input type="checkbox"/> Send to room _____ | <input type="checkbox"/> Yell/Shout/Scream _____ |
| <input type="checkbox"/> Grounding _____ | <input type="checkbox"/> Spank _____ |
| <input type="checkbox"/> Make apologize _____ | <input type="checkbox"/> Spank with object _____ |
| <input type="checkbox"/> Extra Work/Chores _____ | <input type="checkbox"/> Slap _____ |
| <input type="checkbox"/> Lose privileges _____ | <input type="checkbox"/> Push _____ |
| <input type="checkbox"/> Reward Behavior _____ | <input type="checkbox"/> Hit with fist _____ |
| <input type="checkbox"/> Reward grades _____ | <input type="checkbox"/> Others _____ |

Briefly describe what prompted you to seek treatment for this child. Please include how long issues have been present and what you would like to see this child accomplish in treatment:

Additional Information:

Name of Client (please print) _____ Date of Birth _____

Signature _____ Today's Date _____

Name and relationship of parent, guardian, or personal representative completing this form (please print)

Signature of Parent, Guardian or personal representative
