Child/Adolescent Intake Form

Child Name: _____ DOB: _____

Child Address: _____

SSN: _____ Gender: _____

Address: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Emergency Contact: _____ Emergency Phone: _____

Please INITIAL at least TWO forms of communication we can use to touch base with you:

Phone: _____ Text: _____ Email: _____

Insurance Information

Primary Insurance: _____

ID Number: _____ Group Number: _____

Policy Holder Name: _____ Phone Number: _____

Address: _____ DOB: _____

Household Composition

Primary Household Composition (name, age, relationship of all living here):

_____

_____

Secondary Household Composition (name, age, relationship in secondary home) :

_____

_____

Parents Marital Status/Family of Origin

Parents Marital Status: _____ Adoption Status: _____

List Childs Siblings (names and ages):

_____

_____

Current Medications

Medication	**Dose**	**Reason**	**Effectiveness**

Childs Medical History

Choose any/all that apply:

❒ Asthma

❒ Reoccurring Ear Infections/Tubes

❒ Eye/Vision Problems

❒ EEG, MRI or Ct

❒ Meningitis/Encephalis

❒ Measels, Mumps, Whooping Cough

Scarlet Fever, Pox

❒ Head Injury/Concussion

❒ Slow Weight Gain

❒ Bowel Problems

❒ Thyroid Disease

❒ Diabetes

❒ Lead/Toxic Chemical Exposure

❒ Irregular Menstrual Period

❒ Pregnancy

❒ Palsy or Difficulty Walking

❒ Developmental Delay

Allergies: _____

Hospitalization Dates: _____

Other Relevant Medical History:

_____

_____

Check Any That Applies To The Last 30 Days:

- ❒ Can't Concentrate or Pay Attention
- ❒ Restless or Hyperactive
- ❒ Talks too much or talks out of turn
- ❒ Impulsive or acts without thinking
- ❒ Trouble staying seated
- ❒ Makes careless mistakes
- ❒ Fails to finish things he/she starts
- ❒ Annoys others purposely
- ❒ Bullies/Threatens/Intimidate
- ❒ Physical Aggression
- ❒ Sets fires intentionally
- ❒ Stealing/Shoplifting
- ❒ Tantrums or loses temper easily
- ❒ Lies/Blames others for misbehavior
- ❒ Cruel to Animals
- ❒ Violates curfew/Runs Away
- ❒ Low Energy Levels
- ❒ Low interest in favorite activities
- ❒ Gets feelings hurt easily
- ❒ Has trouble making or keeping friends
- ❒ Irritability
- ❒ Daydreams/gets lost in thought
- ❒ Inattentive or easily distracted
- ❒ Difficulty following directions
- ❒ Police Contact
- ❒ Angry or Resentful
- ❒ Argues or does not follow rules
- ❒ Suspected Drug/Alcohol Use
- ❒ School suspension/Alternative School
- ❒ Inappropriate Sexual Activity
- ❒ History of unwanted sexual activity
- ❒ History of unwanted sexual contact
- ❒ Bed Wetting/Soiling Themselves
- ❒ Has been bullied
- ❒ Frequent Sadness/Irritability
- ❒ Tearful/Cries Easily
- ❒ Low Self-Esteem/Guilt
- ❒ Dislikes his/her body
- ❒ Severe changes in mood
- ❒ Thoughts racing

❒ Talks too much/too fast/changes topic quickly

❒ Difficulty Controlling Emotions

❒ Unusual Worries or Fears

❒ Obsessive Thoughts

❒ Panic attacks when separated from parent

❒ Inflated Self-Esteem

❒ Worries about safety of self/others

❒ Panic Attacks

❒ Picky Eater

❒ Self Injury/Burning/Cutting

❒ Unusual behaviors dressing, bathing, mealtime or rituals

❒ Suicidal thoughts/actions/threats

❒ Witness to domestic abuse

❒ History of Physical Abuse

❒ Sees/Hears things that are not real

❒ Confused Thinking

❒ Feels people are 'out to get' him/her

❒ Behaves like a younger child

❒ Has trouble communicating

❒ Sensory experiences/issues

❒ Makes repetitive sounds/movements

❒ Is not affectionate

❒ Fascinated with parts of a toys or machines

❒ Lack of imagery/pretend play

❒ Avoids/Seems upset with certain things

❒ Does not seek to share interests

❒ Does not make friends/in own world

❒ Does not keep eye contact

❒ Must follow rituals or routine

❒ Cannot fall asleep even though tired

❒ Needs little sleep/ rested after 3-4 hours

❒ Problems staying asleep/nightmares

❒ Unable to care for hygiene/nutrition/ basic needs

❒ Grief or loss

❒ Nervous ticks or other repetitive movements or noises

❒ LGBTQ Concerns

❒ Friendship/Relationship Issues

❒ History of Sexual Abuse

Developmental History

How long was baby in hospital after birth? _____

Baby's weight at birth: _____

Biological Mothers Age at Birth: _____

If adopted, child's age at adoption: _____

List complications at birth: _____

Problems experienced by mother during birth: _____

This Childs Personality/Temperament age 0-3 years:

❒ Easy Going

❒ Slow to warm to others

❒ Demanding/Difficult to please

Explain any Mental Health/Dependency Treatment:

_____

_____

Educational History

School Attended: _____ Current Grade: _____

Check all that apply:

❒ Child Repeated a Grade

❒ Child Skipped a Grade

If grade skipped/repeated, what grade? Reason?

_____

What grades does your child get?

_____

_____

Are you satisfied with your child's grades? _____

Check services your child has EVER received:

❒ Special Ed/Resources Services

❒ Self-Contained Classroom

❒ Social Work/Counseling at School

❒ IEP or 504 Plan

❒ Occupational Therapy

❒ Speech/Language Therapy

❒ Tutor/Class Aid

❒ After-School Help

Check Any Your Child Has Difficulty With:

❒ Peer Relationship Issues ❒ Spelling Difficulties

❒ Reading Difficuties ❒ Math Difficulties

❒ All Subject Difficulties ❒ Gifted/Accelerated Classes

Community Linkage

Does your child see a school counselor? If yes, what is their name?

_____

Is your child involved with the court/legal system? If yes, who is their Probation Officer?

_____

Has Family been involved in CPS? If yes, who is the assigned caseworker?

_____

Activity

Hours/day child watches tv/play videogames? _____

Hours/day child spends completing homework? _____

Child's usual bedtime? _____ Child's usual wakeup time: _____

Usual number of hours sleeping: _____

Describes child's special interests or hobbies:

_____

_____

Describe any job/work history your child has had:

_____

_____

Check all that apply within the last 6 months:

❒ Change in household conflict ❒ Separation/Divorce

❒ Marriage ❒ Remarriage

❒ Death in the Family ❒ Loss of Job

❒ New Job

❒ Change in living situation

❒ Serious Injury/Hospitalization

❒ Legal Trouble

❒ Death of Friend/Peer

❒ New Job

❒ Trauma/Injury

❒ New Baby

❒ Change in Military Status

Discuss Any Family History/Mental Health or Addictive Disorders

Relationship to Child:

_____

_____

List any other information about childs history or family history we should be aware of:

_____

_____

Parent/Guardian Signature: _____ Date: _____