



## Child Intake Form

Please fill out this biographical background form for your child as completely as possible. It will help me in my work with them. Information is confidential as outlined in the Office Policy form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, merely write, "Do not care to answer."

**DATE:** \_\_\_\_\_ **REFERRED BY:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
Last First Middle

**DATE OF BIRTH/PLACE:** \_\_\_\_\_

**PARENT/GUARDIAN:**

\_\_\_\_\_  
First Middle Last Relationship

\_\_\_\_\_  
First Middle Last Relationship

**TELEPHONE: H ( ): \_\_\_\_\_ Cell ( ): \_\_\_\_\_ Wk ( ): \_\_\_\_\_**  
Please mark your preferred contact number

**E-mail:** \_\_\_\_\_

**Please do not indicate an e-mail address if you do not wish to be contacted by e-mail**

**Please check this box if you do not wish to periodically receive newsletters or information about groups and services we provide. You can always easily opt out at a future point as well.**

**PRESENTING PROBLEM** (be as specific as you can: when did it start, how does it affect them.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estimate the severity of above problem:** Mild Moderate Severe Very Severe

**CURRENT GRADE:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**ACDEMIC PERFORMANCE:** \_\_\_\_\_

\_\_\_\_\_

**CITIZENSHIP AND BEAHVIOR ISSUES IN SCHOOL:** \_\_\_\_\_

\_\_\_\_\_

**PARENTS MARITAL STATUS:** \_\_\_\_\_ **If in a relationship how long?** \_\_\_\_\_

**PERSONS LIVING AT HOME** (name and relationship):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENTS/STEP-PARENTS** (Name/age, occupation, briefly describe their relationship with your child):

**Father:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mother:** \_\_\_\_\_

\_\_\_\_\_

**Step-parents** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIBLINGS** (name/age, if dead: age & brief statement about the relationship):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Favorite activities, sport, extracurricular activities?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PREGNANCY, BIRTH, EARLY DEVELOPMENT:**

Vaginal/ C-section \_\_\_\_\_ Complications \_\_\_\_\_

Pregnancy (complications) \_\_\_\_\_

Substance use and/or medications taken during pregnancy: \_\_\_\_\_

Eating and Sleep patterns? \_\_\_\_\_

\_\_\_\_\_

Temperament, frustration management? \_\_\_\_\_

Milestones (on time/delayed)? \_\_\_\_\_

\_\_\_\_\_

MEDICAL DOCTORS (name /phone): \_\_\_\_\_

\_\_\_\_\_

**PAST/PRESENT MEDICAL CARE** (major medical problems, surgeries, accidents, falls, illness):

**Current medical issues:**

\_\_\_\_\_

**Past medical issues and surgeries:**

\_\_\_\_\_

**Current medications (doses and reasons for taking them):**

\_\_\_\_\_

**FAMILY MEDICAL HISTORY** (Describe any illness that runs in the family: cancer, epilepsy, etc):

\_\_\_\_\_

\_\_\_\_\_

**FAMILY HISTORY OF PSYCHIATRIC ISSUES**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Mood d/o          | <input type="checkbox"/> Anxiety           | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Psychotic d/o |
| <input type="checkbox"/> Developmental d/o | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Physical abuse  | <input type="checkbox"/> Sexual Abuse  |
| <input type="checkbox"/> Trauma            | <input type="checkbox"/> Chaos/Instability | <input type="checkbox"/> Abandonment     | <input type="checkbox"/> Other         |

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PAST/PRESENT DRUG/ALCOHOL USE/ABUSE** (AA, NA, treatments): \_\_\_\_\_

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**PAST/PRESENT HISTORY OF ABUSE OR NEGLECT** (physical, emotional, sexual...):

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**SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR** (describe: ages, reasons, circumstances, how, etc)

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**FRIENDSHIPS, COMMUNITY & SPIRITUALITY** (Describe quality, frequency, activities, etc.):

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**PAST/PRESENT PSYCHOTHERAPY** (specify: month year/s (beginning/end), estimated no. sessions, name, degree, reason for therapy, Indiv/Couple/Family):

1. \_\_\_\_\_

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2. \_\_\_\_\_

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**CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTE/S?** (if you answer Yes, please explain):

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