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CHILD/ADOLESCENT INTAKE FORM

The following information is requested so that I may provide you with the best service possible. This information is confidential and shall be protected as such. For a summary of how I provide psychological/counseling services, please read the Office Policies and Procedures provided to you.

CHILD INFORMATION

Child's name_____ Birth date___/___/___ Birth Country_____ Age_____ Sex_____ Today's Date___/___/___
Last First Middle

_____
Home Address City State Zip

Person filling out this form: ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other:_____

Child's school_____
Name Address Grade Teacher Phone Number

Home Phone _____ Father's Phone O: _____ C: _____ Mother's Phone O: _____ C:_____

Father's E-mail for confidential communication_____Mother's E-mail for confidential communication_____

Child's Primary Language _____ Child's Secondary Language _____ If not English age learned_____

Purpose of consultation (brief summary of the main problems):_____
_____
_____
_____
_____

Date of onset of problems: ____/____/____ Date of accident: ____/____/____ Date of injury: ____/____/____

What specific questions or goals do you have for the evaluation or for counseling:
1._____ _____

2._____

3._____ _____

4._____

I would like or have been referred for: ☐ Counseling ☐ Evaluation ☐ Psychological Testing ☐ Neuropsychological Testing ☐ Unsure

Person/s who referred you:_____ Child's Physician:_____
Name Tel # Name Tel#

Medical Specialists: _____ May I contact your child's physician to coordinate care: ☐ Yes ☐ No
_____

FAMILY INFORMATION

Marital status of biological parents: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other _____
If separated or divorced: How old was child when separated? ____ divorced? ____ Who has legal custody ☐ Mother ☐ Father ☐ Joint

Please list all additional members of your child's immediate family including yourself:

Name	Relationship	Age	Birth Date	Highest Grade Comp.	Occupation

DEVELOPMENTAL HISTORY

{Please check all items that apply}

PREGNANCY

☐ Excessive vomiting_____ ☐ Hospitalization required_____
☐ Excessive staining or blood loss_____ ☐ Threatened miscarriage_____
☐ Infection(s) (specify)_____ ☐Toxemia/Preeclampsia_____
☐ Operation(s) (specify)_____ ☐ Other illnesses) (specify)_____
☐ Medications taken _____ ☐ X-ray studies_____
☐ Smoking :Ave cigarettes per day_____ ☐ Alcoholic consumption beyond an occasional drink_____
☐ Drug Use:_____ Activity level of fetus while in utero: ☐ High ☐ Medium ☐ Low

DELIVERY

Type of labor: ☐ Spontaneous ☐ Induced ☐ Emergency Length of Pregnancy_____ Birth Weight_____
Type of delivery: ☐Headfirst ☐ Breech ☐ Extremities ☐ Cesarean_____
Forceps: ☐high_____ ☐ mid _____ ☐ low_____ Suction ☐ Yes ☐ No Duration of labor hours_____
☐ Cord around neck_____ ☐ Cord presented first_____
☐ Hemorrhage_____ ☐ Fetal distress _____
☐ Placenta Previa_____ ☐ Other_____

POST-DELIVERY PERIOD (while in the hospital)

Respiration: ☐ Immediate_____ ☐ Delayed (if so, how long)_____
☐ Cyanosis (turned blue)_____ ☐ Mucus accumulation_____
☐ Ingested Meconium_____
☐ Jaundice ☐ Treated with Bilirubin (blue) lights Length of treatment_____
☐ Rh factor ☐ Transfusion ☐ Injection_____
APGAR scores at delivery (if known): at 1 minute_____ at 5 minutes_____ Number of days baby in the hospital Post delivery_____
☐ Incubator care Number of days_____ For what_____
☐ Intensive Care Number of days_____ For what_____
☐ Initial Feeding Difficulties_____ ☐ Infection (specify)_____
☐ Vomiting_____ ☐ Diarrhea_____
☐ Seizures_____ ☐ Birth defects (specify)_____

INFANCY-TODDLER PERIOD

Were any of the following present, to a significant degree, during the first few years of life? If so, describe.

☐ Did not enjoy cuddling_____ ☐ Was not calmed by being held and/or stroked_____
☐ Colic_____ ☐ Excessive restlessness_____
☐ Diminished sleep because of restlessness and easy arousal ☐ Frequent head banging_____
☐ Toe Walking_____ ☐ Arm flapping_____
☐ Excessive preoccupation with objects or parts of objects etc. ☐ Constantly into everything_____
☐ Excessive number of accidents compared to other children ☐ Frequent trips to emergency room_____
☐ Unusually quiet and inactive_____ ☐ Not Alert_____
Please describe basic temperament_____

_____

_____

DEVELOPMENTAL MILESTONES

If you can recall, check the age at which your child demonstrated the following behaviors.

	Early	Average	Late	Never
Smiled	☐	☐	☐	☐
Rolled Over	☐	☐	☐	☐
Sat Alone	☐	☐	☐	☐
Crawled	☐	☐	☐	☐
Stood without support	☐	☐	☐	☐
Walked without assistance	☐	☐	☐	☐
Ran	☐	☐	☐	☐
Fed Self	☐	☐	☐	☐
Rode tricycle	☐	☐	☐	☐
Rode bike (w/out training wheels)	☐	☐	☐	☐
Buttoned clothing	☐	☐	☐	☐
Tied shoelaces	☐	☐	☐	☐

	Early	Average	Late	Never
Colored in between lines	☐	☐	☐	☐

Printed letters	☐	☐	☐	☐
Wrote in cursive	☐	☐	☐	☐
Babbled	☐	☐	☐	☐
First words besides "ma-ma" and "da_da"	☐	☐	☐	☐
Said phrases	☐	☐	☐	☐
Said sentences	☐	☐	☐	☐
Said alphabet in order	☐	☐	☐	☐
Began to read	☐	☐	☐	☐
Bowel trained, day	☐	☐	☐	☐
Bowel trained, night	☐	☐	☐	☐
Bladder trained, day	☐	☐	☐	☐
Bladder trained, night	☐	☐	☐	☐

COORDINATION

Rate your child on the following skills:

	Good	***Average***	***Poor***
Walking	☐	☐	☐ _____
Running	☐	☐	☐ _____
Throwing	☐	☐	☐ _____
Catching	☐	☐	☐ _____
Bike Riding	☐	☐	☐ _____
Athletic ability	☐	☐	☐ _____
Shoelace tying	☐	☐	☐ _____
Buttoning	☐	☐	☐ _____
Writing	☐	☐	☐ _____

CHILD'S MEDICAL HISTORY

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information.

☐ Childhood diseases (describe any complications)_____

☐ Hospitalizations for illnesses) other than operations_____

☐ Surgery_____

☐ Head injuries ☐ with unconsciousness_____ ☐ without unconsciousness_____

☐ Sports concussion/removed from play_____

☐ Involved in automobile accident_____

☐ Convulsions ☐ with fever_____ ☐ without fever_____

☐ Coma_____

☐ Meningitis or encephalitis_____

☐ Immunization reactions i.e., DPT_____

☐ Persistent high fevers _____ ☐ Highest temperature ever recorded_____

☐ Vision problems_____ Date of last exam_____

☐ Wears Glasses/Contacts/Surgical Correction_____

☐ Hearing problems_____Date of las t exam_____

☐ EU Tubes_____

☐ Poisoning_____

PRESENT MEDICAL STATUS

☐ Present illness(es) for which child is being treated_____

_____

_____

☐ Allergies_____

☐ Drinks Alcohol_____

☐ Uses Drugs i.e., marijuana, cocaine, pcp, etc._____

Medication	**Reason Taken**	**Dose**	**Start Date**

MENTAL HEALTH HISTORY

(Please indicate with whom, period of time, and outcome)

☐ Treated on an OUTPATIENT basis for Emotional or Behavioral Difficulties:

Reason Treatment Sought	Provider	Dates of Treatment	Outcome

☐ Previous Evaluations (Under Type please indicate Psychiatric, Psychological, Neuropsychological, Education, Speech, OT etc.:

Reason Sought	Type	Evaluator	Date

☐ Treated on an INPATIENT basis for Emotional or Behavioral Difficulties:

Reason Treatment Sought	Provider	Dates of Treatment	Outcome

☐ Currently prescribed Medication for Emotional or Behavioral Difficulties:

Medication	**Reason Taken**	**Dose**	**Start Date**

☐ Has experienced or witnessed traumatic event/s _____
_____
_____

☐ Has been or suspect emotional, physical, or sexual abused/molested: _____
_____
_____

☐ There are firearms in our home _____
_____

☐ My child has access to firearms_____
☐ My child has been trained in the use of firearms_____

FAMILY HISTORY - BIOLOGICAL MOTHER

Age at time of pregnancy with client_____ ☐ Previous pregnancies: # of_____ ☐ spontaneous abortions(miscarriages): # of_____
☐ Induced abortions: # of_____ ☐ Sterility problems (specify)_____
☐ School: Highest grade completed_____ ☐ Learning problems (specify)_____
☐ Behavior problems (specify)_____
☐ Medical problems (specify)_____
☐ Emotional Problems (specify)_____
☐ Neurological problems (specify)_____
☐ History of alcohol abuse (specify)_____
☐ History of drug use (specify)_____
☐ Have any of your blood relatives (not including client and/or siblings) ever had problems similar to those your child has? If so, describe:_____
_____

FAMILY HISTORY - BIOLOGICAL FATHER

Age at the time of the client's conception_____
☐ School: Highest grade completed_____ ☐ Learning problems (specify)_____
☐ Behavior problems (specify)_____
☐ Medical problems (specify)_____
☐ Emotional Problems (specify)_____
☐ Neurological problems (specify)_____
☐ History of alcohol abuse (specify)_____
☐ History of drug use (specify)_____
☐ Have any of your blood relatives (not including client and/or siblings) ever had problems similar to those your child has? If so, describe:_____
_____

FAMILY HISTORY-SIBLINGS

(Please provide a brief description)

Name/Relationship	Age	Medical, Social, Academic, or Behavioral Problems

COGNITIVE SKILLS

Please rate your child's cognitive skills relative to other children of the *same age*.

	Above Average	**Average**	**Below Average**	**Severe Problem**
Intelligence	☐	☐	☐	☐
Speech Reception	☐	☐	☐	☐
Speech Production	☐	☐	☐	☐
Difficulties Reading	☐	☐	☐	☐
Difficulties Producing Written Work	☐	☐	☐	☐
Attention Span	☐	☐	☐	☐
Impulse Control	☐	☐	☐	☐
Starting Tasks	☐	☐	☐	☐
Organizational skills	☐	☐	☐	☐
Planning skills	☐	☐	☐	☐
Ability to hold information in mind	☐	☐	☐	☐
Understanding Concepts	☐	☐	☐	☐
Problem Solving Ability	☐	☐	☐	☐
Memory for Events	☐	☐	☐	☐
Memory for Facts	☐	☐	☐	☐
Ability to learn from experience	☐	☐	☐	☐

SCHOOL HISTORY

Rate your child's school experiences related to ***academic learning*** and describe any academic/behavioral difficulties:

Above Average **Average** ***Below Average***

Preschool	☐	☐	☐_____
Kindergarten	☐	☐	☐_____
1st grade	☐	☐	☐_____
2nd grade	☐	☐	☐_____
3rd grade	☐	☐	☐_____
4th grade	☐	☐	☐_____
5th grade	☐	☐	☐_____
Middle Sch	☐	☐	☐_____
Jun High Sch	☐	☐	☐_____
High Sch	☐	☐	☐_____

Current Grade Point Average (If applicable) _____

To the best of your knowledge, at what grade level is your child functioning:

	Above Grade Level	At Grade Level	Below Grade Level
Reading	☐	☐	☐
Spelling	☐	☐	☐
Arithmetic	☐	☐	☐
Written Expression	☐	☐	☐

If below grade level, please describe difficulties_____

_____

_____

☐ Repeated a grade. If so, when & why_____

☐ Regular class placement ☐ Advanced classes i.e., honors ☐ Skipped a grade. If so, when & why_____

☐ IEP If so why, and what for_____

☐ 504 Plan If so what accommodations_____

☐ Special class/school placement (specify)_____

☐ Resource assistance (specify level and type)_____

Describe briefly any academic school problems that would help me to understand your child_____

_____

_____

_____

Does your child's teacher describe any of the following as significant classroom problems?

☐ Doesn't sit still in his or her seat
☐ Shouts out
☐ Won't wait his or her turn
☐ Does better in 1-to-1 relationship
☐ Doesn't pay attention
☐ Doesn't listen when spoken to
☐ Doesn't hear instructions
☐ Often unprepared for tasks
☐ Easily distracted from task
☐ Frequently gets up and walks around the classroom
☐ Doesn't wait to be called upon
☐ Does not cooperate well in group activities
☐ Doesn't respect the rights of others
☐ Makes careless mistakes
☐ Fails to finish work
☐ Difficulty organizing desk, notebook or work area
☐ Often loses things necessary for tasks
☐ Often forgetful of daily activities

Describe briefly any other classroom behavioral problems_____

_____

_____

_____

PEER/SOCIAL RELATIONSHIPS

☐ My child seeks friendships with peers
☐ Socializes with peers own age
☐ Socializes with younger peers
☐ My child is sought after by others for friendships
☐ Socializes with older peers
☐ Participates in after school activities ie: clubs, scouts, church/synagogue org., youth grps.

Primary group my child socializes with ☐ adults ☐ older ☐ same age ☐ younger

☐ Peer group has changed significantly in last year or two_____

_____

Describe briefly any problems your child may have with peers_____

_____

_____

_____

HOME BEHAVIOR

All children exhibit, to some degree, the kinds of behavior listed below. Check those that you believe your child exhibits to an excessive or ex-

aggerated degree when compared to other children his or her age.

- ☐ Hyperactivity (high activity level)
- ☐ Impulsivity (poor self control)
- ☐ Temper outbursts
- ☐ Interrupts frequently
- ☐ Acts like he or she is driven by a motor
- ☐ Excessive number of accidents
- ☐ Poor memory
- ☐ Difficulty sitting still when being read to
- ☐ Difficulty or cannot follow 2 & 3 step directions.
- ☐ Wears out shoes more frequently than siblings
- ☐ Poor attention span
- ☐ Low frustration tolerance
- ☐ Sloppy table manners
- ☐ Doesn't listen when being spoken to
- ☐ Heedless to danger
- ☐ Doesn't learn from experience
- ☐ More active than siblings
- ☐ Easily distracted
- ☐Sudden outbursts of physical abuse of other children

INTERESTS AND ACCOMPLISHMENTS

What are your child's main hobbies and interests?_____

_____

What are your child's areas of greatest accomplishment?_____

_____

What does your child enjoy doing most?_____

_____

What does your child dislike doing most?_____

_____

What are your child's greatest strengths?_____

_____

PROBLEM CHECKLIST

Most children exhibit, at one time or another, one or more of the symptoms listed below. Only mark those symptoms that have been present to a significant degree over a period of time.

Past	Current		Past	Current	
☐	☐	Stuttering	☐	☐	Lack of interest in others
☐	☐	Recoils for affectionate physical contact	☐	☐	Mute (refuse to speak when able)
☐	☐	Compulsive repetition of seemingly meaningless physical actions	☐	☐	Speech non-communicative or poorly communicative
☐	☐	"Gets Hooked" on certain ideas and remains preoccupied			
☐	☐	Violent outbursts of rage	☐	☐	Doesn't respect the rights of others
☐	☐	Stealing	☐	☐	Truancy from school
☐	☐	Cruelty to animals, children, and others	☐	☐	Runs away from home
☐	☐	Trouble with police	☐	☐	Selfish
☐	☐	Fire setting	☐	☐	Violent assault
☐	☐	Excessively taunts other children	☐	☐	Destruction of property
☐	☐	"Wise Guy" or smart aleck attitude	☐	☐	Egocentric (self centered)
☐	☐	Doesn't know when to stop	☐	☐	Frequently hits other children
☐	☐	Too mature, frequently acts older than actual age	☐	☐	Brags/Boasts
			☐	☐	Often cheats when playing games
☐	☐	Little/no guilt over behavior that causes pain/discomfort	☐	☐	"Sore Loser"
			☐	☐	Typically wants his/her own way
☐	☐	Little/no response to punishment for antisocial behavior	☐	☐	Often appears insincere or artificial
			☐	☐	Forced sex on another child/adolescent
☐	☐	Wants things own way with exaggerated reaction if thwarted	☐	☐	Trouble putting self in other person's position
Past	**Current**		**Past**	**Current**	
☐	☐	Frequent use of profanity to parents, teachers and other authorities	☐	☐	Negativistic (does opposite of requests)
			☐	☐	Feigns/verbalizes compliance or

☐ ☐ Quietly/softly defiant of authority
☐ ☐ Argumentative
☐ ☐ Blatantly uncooperative
☐ ☐ Obstructionistic

☐ ☐ Excessively critical of others
☐ ☐ Very poor toleration of criticism

☐ ☐ Constant throat clearing
☐ ☐ Tics (i.e., eye blinking, grimacing or other spasmodic repetitious movements)

☐ ☐ Encopresis (soiling)
☐ ☐ Preoccupation with bowel movements
☐ ☐ Enuresis (daytime bed wetting)

☐ ☐ Frequent head/stomach aches etc., when away from parents
☐ ☐ Excessive distress when separated from parent
☐ ☐ Excessive worry of harm to a parent
☐ ☐ Reluctance to alone without a parent
☐ ☐ Reluctance to go to sleep without a parent near by
☐ ☐ Excessive guilt over minor indiscretions

Fears

☐ ☐ Dark
☐ ☐ Strangers
☐ ☐ Death
☐ ☐ School
☐ ☐ Other fears_____

_____

Anxiety

☐ ☐ Anxiety attacks with palpitations (heart pounding), shortness of breath, sweating, etc.
☐ ☐ Often complains of body aches/pains
☐ ☐ Nail biting, chews clothes, blankets, etc.
☐ ☐ Hair pulling with hair loss
☐ ☐ Perfectionistic, rarely satisfied with performance

☐ ☐ Low self-esteem
☐ ☐ Depression
☐ ☐ Suicidal preoccupation, gestures, attempts
☐ ☐ Suicidal thoughts
☐ ☐ Loss of interest in activities
☐ ☐ Little concern for personal appearance hygiene
☐ ☐ Little concern/pride for personal property

☐ ☐ Excessive sexual interest/preoccupation
☐ ☐ Frequently likes to wear clothing of the opposite sex

Past **Current**

☐ ☐ Eating binges with overweight
cooperation but doesn't comply with requests

☐ ☐ Frequent temper tantrum
☐ ☐ Open defiance of authority
☐ ☐ Ever trying to avoid responsibility
☐ ☐ Very stubborn

☐ ☐ Feelings easily hurt
☐ ☐ Eats non-edible substances
☐ ☐ Involuntary grunts/vocalizations (understandable or not)

☐ ☐ Constipation
☐ ☐ Frequent stomach cramps
☐ ☐ Enuresis (nighttime bed wetting)

☐ ☐ Excessive worry of loss of a parent
☐ ☐ Excessive worry of being lost
☐ ☐ Reluctance to go to school
☐ ☐ Nightmares of parental loss/harm
☐ ☐ Very tense
☐ ☐ Insomnia (difficulty falling asleep)
☐ ☐ Frequent nausea/vomiting
☐ ☐ Irritability, easily "flies off the handle"

☐ ☐ New situations
☐ ☐ Being alone
☐ ☐ Visiting other children's homes
☐ ☐ Animals
☐ ☐ Going away to camp

☐ ☐ Frequent nightmares
☐ ☐ Night terrors (terrifying night-time outbursts)
☐ ☐ Sleepwalking
☐ ☐ Worries over body illness
☐ ☐ Head banging
☐ ☐ Picks on skin

☐ ☐ Excessive self criticism
☐ ☐ Frequent crying spells
☐ ☐ Frequently feeling worthless
☐ ☐ Poor motivation
☐ ☐ Apathy
☐ ☐ Low energy level
☐ ☐ Awakens in the middle of the night and has trouble falling asleep

☐ ☐ Frequent sex play with other children
☐ ☐ Excessive masturbation
☐ ☐ Exhibits gestures/intonations of the opposite sex

Past **Current**

☐ ☐ Eats large amounts, then vomits or uses laxatives

☐	☐	Preoccupied with being overweight	☐	☐	Overeating with overweight
☐	☐	Dissatisfaction with appearance and body parts	☐	☐	Preoccupied with food
☐	☐	Long periods of dieting/food abstinence with underweight	☐	☐	Under eating with underweight
☐	☐	Few if any friends	☐	☐	Doesn't seek friendships
☐	☐	Rarely sought by peers	☐	☐	Not accepted by peer group
☐	☐	Poor common sense in social situations	☐	☐	Ever complaining is often picked on and easily bullied by other children
☐	☐	Drug abuse	☐	☐	Alcohol abuse
☐	☐	Excess modesty over bodily exposure			
☐	☐	Fears asserting self	☐	☐	Shy
☐	☐	Frequently pouts and/or sulks	☐	☐	Withdrawn
☐	☐	Allows self to be easily taken advantage of	☐	☐	Gullible and/or naive
☐	☐	Inhibited self expression in dancing, singing, laughing, etc.	☐	☐	Inhibits open expression of anger
			☐	☐	Excessive silliness/clowning
☐	☐	Passive and easily led	☐	☐	Overly dependent
☐	☐	Excessive demands for attention	☐	☐	Cries easily and frequently
☐	☐	Thumb-sucking	☐	☐	Generally immature
☐	☐	Baby talk	☐	☐	Excessive desire to please authority
			☐	☐	Asks to be punished
			☐	☐	"Too good"
☐	☐	Suspicious/distrustful	☐	☐	Aloof
☐	☐	Feels others are persecuting him/her when there is no evidence for such	☐	☐	Disorganized speech
			☐	☐	Sees visions
☐	☐	Often feels cheated/gypped	☐	☐	Disorganized behavior
☐	☐	Speaks rapidly and under pressure	☐	☐	Inappropriate emotional reactions
☐	☐	Hears voices when no one is speaking	☐	☐	Flat emotional tone
☐	☐	Excessive fantasizing, "lives in his/her own world"	☐	☐	Development of delusions, i.e., belief system that does not make sense

Please indicate how your child's problems are affecting any of the following areas of his/her life–check and provide a brief explanation.

☐ School _____

☐ Social Relationships _____

☐ Family Relationships _____

☐ Emotional Adjustment _____

☐ Physical Health _____

☐ Community/Legal _____ ☐

Spiritual _____

Additional Remarks– Please use the remainder of this page to write any additional comments you wish to make regarding your child: