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Today's Date _____/_____/_____

CHILD/ADOLESCENT INTAKE FORM

The following information is requested so that I may provide 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** after completing this form.

Child's Name _____ Birth Date _____/_____/_____ Age _____ Sex ____
Last First Middle

_____
Home Address City State Zip

Father:_____ Home phone _____ Business phone _____

Mother:_____ Home phone _____ Business phone _____

Child's School _____ Grade _____ Teacher _____

_____
School Address City State Zip

Presenting problem (brief summary): _____

Service/s requested: [ ] Counseling [ ] Evaluation [ ] Psychological Testing [ ] Neuropsychological Testing [ ] Unsure

Person/s referred by: _____

Pediatrician/Family Physician: _____ Phone: _____
Specialist: _____ Phone: _____
Specialist: _____ Phone: _____

Primary Insurance: _____ Phone:_____
ID# _____ Group# _____

_____
Address City State Zip

Policy Holder: _____ Employer: _____

Policy Holder SS# _____ Client SS# _____

Please list all additional members of your child's immediate family **INCLUDING YOURSELF**:

Name	Relationship	Age & Birth Date	Grade/Occupation

DEVELOPMENTAL HISTORY

(Please check all items that apply.)

Pregnancy

Complications:

[ ] Excessive vomiting _____ [ ] Hospitalization required _____

[ ] Excessive staining/blood loss _____

[ ] Threatened miscarriage _____

[ ] Infection/s–specify _____

[ ] Toxemia/Preeclampsia _____

[ ] Operation/s–specify _____

[ ] Other Illness–specify _____

[ ] Smoking–average # cigarettes per day _____

[ ] Alcoholic consumption–specify if more than occasional _____

[ ] Medications during pregnancy _____

[ ] X-rays during pregnancy _____

Fetus activity level while in-utero: [ ] High [ ] Medium [ ] Low

Delivery

Type of labor: [ ] Spontaneous [ ] Induced [ ] Emergency

Type of delivery: [ ] Head first [ ] Breech [ ] Cesarean

Forceps: [ ] High [ ] Mid [ ] Low Duration of labor hours _____

Complications:

[ ] Cord around neck _____
[ ] Cord presented first _____
[ ] Hemorrhage _____
[ ] Fetal distress _____
[ ] Other _____

Post-delivery Period (while hospitalized)

APGAR score at delivery if known: _____ 1minute _____5 minutes

Birth weight: _____lbs. _____oz. Birth length: _____ inches

Respiration: [ ] Immediate _____ [ ] Delayed–specify _____

Complications:

[ ] Cyanosis (turned blue) _____

[ ] Mucus accumulation _____

[ ] Ingested Me Conium _____

[ ] Jaundice [ ] Bilirubin Treatment (blue lights)–specify treatment length _____

[ ] Rh factor [ ] Transfusion [ ] Injection _____

[ ] Incubator–specify _____ # Days _____

[ ] Intensive care–specify _____ # Days _____

[ ] Initial feeding difficulties _____

[ ] Infection–specify _____

[ ] Vomiting _____

[ ] Diarrhea _____

[ ] Birth defects–specify _____

Number of days infant was hospitalized after delivery. _____

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 _____
[ ] Constantly into everything _____
[ ] Excessive number of accidents compared to other children _____
[ ] Frequent trips to the emergency room _____

Please describe basic temperament_____

_____

_____

Developmental Milestones–If you can recall, record the age at which your child reached the following developmental milestones.

	Age	Late	Normal	Early	Can't Recall
Crawled	[ ]	[ ]	[ ]	[ ]	[ ]
Stood without support	[ ]	[ ]	[ ]	[ ]	[ ]
Walked without assistance	[ ]	[ ]	[ ]	[ ]	[ ]
Rode tricycle	[ ]	[ ]	[ ]	[ ]	[ ]
Rode bike without training wheels	[ ]	[ ]	[ ]	[ ]	[ ]
Buttoned clothing	[ ]	[ ]	[ ]	[ ]	[ ]
Tied shoes	[ ]	[ ]	[ ]	[ ]	[ ]
Colored between the lines	[ ]	[ ]	[ ]	[ ]	[ ]
Printed letters	[ ]	[ ]	[ ]	[ ]	[ ]
Wrote in cursive	[ ]	[ ]	[ ]	[ ]	[ ]

	Age	Late	Normal	Early	Can't Recall
Spoke first words (exclude ma-ma, 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	[ ]	[ ]	[ ]	_____

Previous 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 illness (exclude operations) _____
_____

[ ] Operations _____
_____

[ ] Head Injuries ( ) with unconsciousness [ ] without unconsciousness _____
_____

Mental Health History–Please indicate with whom, period of time and outcome.

[ ] Outpatient treatment _____
_____

[ ] Prescribed Medication in the past for emotional/behavioral difficulties _____
_____

[ ] Experienced/Witnessed traumatic event _____
_____
_____

[ ] Physically or Sexually assaulted/molested _____
_____
_____

Family History–Mother

Age at time of pregnancy with client ____

[ ] Previous pregnancies–number of ____
[ ] Previous spontaneous abortions (miscarriages)–number of ____
[ ] Induced abortions–number 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 (excluding client/siblings) ever had problems similar to those your child has? If so, describe. _____

Family History–Father

Age at time of conception with client _____

[ ] 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 (excluding client/siblings) ever had problems similar to those your child has? If so, describe. _____

Family History–Siblings (Please provide a brief description.)

Name Age		Medical, Social or Academic Problems

Comprehension and Understanding

Do you consider your child to understand directions and situations as well as other children his/her age? If not, why.

How would you rate your child's overall level of intelligence compared to other children his/her age?

[ ] Far below average [ ] Below average [ ] Average [ ] Above average [ ] Far above average

Has your child ever been psychologically, psycho-educationally or neuropsychologically evaluated?

School–Rate you child's school experiences related to ACADEMIC LEARNING and describe any behavioral difficulties.

	Good	Average	Poor	
Preschool	[ ]	[ ]	[ ]	_____
Kindergarten	[ ]	[ ]	[ ]	_____
1st Grade	[ ]	[ ]	[ ]	_____
2nd Grade	[ ]	[ ]	[ ]	_____
3rd Grade	[ ]	[ ]	[ ]	_____
4th Grade	[ ]	[ ]	[ ]	_____
5th Grade	[ ]	[ ]	[ ]	_____
Middle School	[ ]	[ ]	[ ]	_____
Junior High School	[ ]	[ ]	[ ]	_____
High School	[ ]	[ ]	[ ]	_____

To the best of your knowledge, at what grad level is your child functioning?

	Above Grade	At Grade	Below Grade
Reading	[ ]	[ ]	[ ]
Spelling	[ ]	[ ]	[ ]
Arithmetic	[ ]	[ ]	[ ]

[ ] Repeated a grade. If so, when _____
[ ] Regular class placement
[ ] Special class/school placement–specify _____
_____
[ ] Resource assistance–specify _____
_____

Describe briefly any academic school problems _____
_____
_____
_____
_____

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

[ ] Doesn't sit in his/her seat
[ ] Shouts out
[ ] Won't wait his/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 class room.
[ ] Doesn't wait to called upon
[ ] Doesn't 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 and *OTHER* classroom behavioral problems.

_____
_____
_____

Peer Relationships

[ ] My child seeks friendships with peers
[ ] My child is sought after by others for friendships
[ ] Socializes with peer his/her own age
[ ] Socializes with older peers
[ ] Socialized with younger peers
[ ] Participates in after school activities (i.e., clubs, scouts, youth groups, church/synagogue organizations)
[ ] Peer group has changed significantly in the last one to two years

Primary social group is: [ ] Older [ ] Same Age [ ] Younger

Describe briefly any other 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/exaggerated degree when compared to other children his/her age.

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

Interests and Accomplishments

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

_____

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

_____

What does your child enjoy doing most? _____

_____

What does your child dislike doing most? _____

_____

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
[ ]	[ ]	Frequent use of profanity to parents, teachers and other authorities	[ ]	[ ]	Negativistic (does opposite of what is requested
[ ]	[ ]	Quietly/softly defiant of authority	[ ]	[ ]	Feigns/verbalizes compliance or cooperation but doesn't comply with requests
[ ]	[ ]	Argumentative			
[ ]	[ ]	Blatantly uncooperative			
[ ]	[ ]	Obstructionistic			
[ ]	[ ]	Excessively critical of others	[ ]	[ ]	Frequent temper tantrum
[ ]	[ ]	Very poor toleration of criticism	[ ]	[ ]	Open defiance of authority
			[ ]	[ ]	Ever trying to avoid responsibility
			[ ]	[ ]	Very stubborn
[ ]	[ ]	Constant throat clearing	[ ]	[ ]	Feelings easily hurt
[ ]	[ ]	Tics (i.e., eye blinking, grimacing or other spasmodic repetitious movements)	[ ]	[ ]	Eats non-edible substances
			[ ]	[ ]	Involuntary grunts/vocalizations (understandable or not)
[ ]	[ ]	Encopresis (soiling)	[ ]	[ ]	Constipation
[ ]	[ ]	Preoccupation with bowel movements	[ ]	[ ]	Frequent stomach cramps
[ ]	[ ]	Enuresis (daytime bed wetting)	[ ]	[ ]	Enuresis (nighttime bed wetting)

Past	Current		Past	Current	
[ ]	[ ]	Frequent head/stomach aches etc., when away from parents	[ ]	[ ]	Excessive worry of loss of a parent
			[ ]	[ ]	Excessive worry of being lost
[ ]	[ ]	Excessive distress when separated from parent	[ ]	[ ]	Reluctance to go to school
			[ ]	[ ]	Nightmares of parental loss/harm
[ ]	[ ]	Excessive worry of harm to a parent	[ ]	[ ]	Very tense
[ ]	[ ]	Reluctance to alone without a parent	[ ]	[ ]	Insomnia (difficulty falling asleep)
[ ]	[ ]	Reluctance to go to sleep without a parent near by	[ ]	[ ]	Frequent nausea/vomiting
			[ ]	[ ]	Irritability, easily "flies off the handle"
[ ]	[ ]	Excessive guilt over minor indiscretions			

Fears

Past	Current		Past	Current	
[ ]	[ ]	Dark	[ ]	[ ]	New situations
[ ]	[ ]	Strangers	[ ]	[ ]	Being alone
[ ]	[ ]	Death	[ ]	[ ]	Visiting other children's homes
[ ]	[ ]	School	[ ]	[ ]	Animals
[ ]	[ ]	Other fears_____	[ ]	[ ]	Going away to camp
		_____			
		_____			

Past	Current		Past	Current	
[ ]	[ ]	Anxiety attacks with palpitations (heart pounding), shortness of breath, sweating, etc.	[ ]	[ ]	Frequent nightmares
			[ ]	[ ]	Night terrors (terrifying night-time outbursts)
[ ]	[ ]	Often complains of body aches/pains	[ ]	[ ]	Sleepwalking
[ ]	[ ]	Nail biting, chews clothes, blankets, etc.	[ ]	[ ]	Worries over body illness
[ ]	[ ]	Hair pulling with hair loss	[ ]	[ ]	Head banging
[ ]	[ ]	Perfectionistic, rarely satisfied with performance	[ ]	[ ]	Picks on skin
[ ]	[ ]	Low self-esteem	[ ]	[ ]	Excessive self criticism
[ ]	[ ]	Depression	[ ]	[ ]	Frequent crying spells
[ ]	[ ]	Suicidal preoccupation, gestures, attempts	[ ]	[ ]	Frequently feeling worthless
			[ ]	[ ]	Poor motivation
[ ]	[ ]	Suicidal thoughts	[ ]	[ ]	Apathy
[ ]	[ ]	Loss of interest in activities	[ ]	[ ]	Low energy level
[ ]	[ ]	Little concern for personal appearance hygiene	[ ]	[ ]	Awakens in the middle of the night and has trouble falling asleep
[ ]	[ ]	Little concern/pride for personal property			
[ ]	[ ]	Excessive sexual interest/preoccupation	[ ]	[ ]	Frequent sex play with other children
[ ]	[ ]	Frequently likes to wear clothing of the opposite sex	[ ]	[ ]	Excessive masturbation
[ ]	[ ]	Exhibits gestures/intonations of the opposite sex			
[ ]	[ ]	Eating binges with overweight	[ ]	[ ]	Eats large amounts, then vomits or uses laxatives.
[ ]	[ ]	Preoccupied with being overweight			
[ ]	[ ]	Dissatisfaction with appearance and body parts	[ ]	[ ]	Overeating with overweight
			[ ]	[ ]	Preoccupied with food
[ ]	[ ]	Long periods of dieting/food abstinence with underweight	[ ]	[ ]	Under eating with underweight

Past	Current		Past	Current	
[ ]	[ ]	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	[ ]	[ ]	Shy
[ ]	[ ]	Fears asserting self	[ ]	[ ]	Withdrawn
[ ]	[ ]	Frequently pouts and/or sulks	[ ]	[ ]	Gullible and/or naive
[ ]	[ ]	Allows self to be easily taken advantage of	[ ]	[ ]	Inhibits open expression of anger
			[ ]	[ ]	Excessive silliness/clowning
[ ]	[ ]	Inhibited self expression in dancing, singing, laughing, etc.	[ ]	[ ]	Overly dependent
			[ ]	[ ]	Cries easily and frequently
[ ]	[ ]	Passive and easily led	[ ]	[ ]	Generally immature
[ ]	[ ]	Excessive demands for attention	[ ]	[ ]	Excessive desire to please authority
[ ]	[ ]	Thumb-sucking	[ ]	[ ]	Asks to be punished
[ ]	[ ]	Baby talk	[ ]	[ ]	"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's difficulties._____

_____

_____

_____

_____

_____

_____

_____

_____