

# **CHILD and ADOLESCENT INTAKE FORM**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Child primarily lives with (check all that apply): both biological parents  mother  father   
Biological parent and step-parent/significant other  (please identify which parent \_\_\_\_\_)

Other arrangement  (explain) \_\_\_\_\_

**(Legal documents, Parental Settlement Agreement, must be provided before or at the first visit if child is living with someone other than biological parents and/or parents are separated/divorced)**

Child's primary address \_\_\_\_\_  
\_\_\_\_\_

## **INFORMATION ABOUT MOTHER**

Mother's name \_\_\_\_\_ DOB: \_\_\_\_\_ Race \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home phone: \_\_\_\_\_ May I leave a message? Circle: yes no

Cell Phone: \_\_\_\_\_ May I leave a message? Circle: yes no

Work phone: \_\_\_\_\_ May I leave a message? Circle: yes no

Email address: \_\_\_\_\_

May I communicate via e-mail?  yes  no

(please keep in mind e-mail communications are not considered a confidential form of communication)

## **INFORMATION ABOUT FATHER**

Father's name \_\_\_\_\_ DOB: \_\_\_\_\_ Race \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home phone: \_\_\_\_\_ May I leave a message? Circle: yes no

Cell Phone: \_\_\_\_\_ May I leave a message? Circle: yes no

Work phone: \_\_\_\_\_ May I leave a message? Circle: yes no

Email address: \_\_\_\_\_

May I communicate via e-mail?  yes  no

(please keep in mind e-mail communications are not considered a confidential form of communication)

### **FAMILY MEMBERS**

List all people living in your child's household

<u>Name</u>	<u>Relationship to child</u>	<u>Age</u>	<u>School grade/employment</u>	<u>Occupation</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are there issues with any other family members that would be important to know in advance? Anyone your child is especially close with...friend or family member? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **CHILD'S MEDICAL HISTORY**

Has your child experienced any of the following medical problems: (please circle all that apply)

Hospitalization

Surgery

Head trauma

Serious illness

Asthma

Serious accident

Other: \_\_\_\_\_

Is your child taking any medications, for any reason? If so, please note what they are and who is prescriber.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Please complete checking all current or recent issues that do or have existed.**

- Anger outburst
- Aggressive behavior at home
- Aggressive behavior at school
- Destructive of property
- Irritable
- Throws tantrums
- Refuses to listen to parents
- Argues with siblings
- Has difficulty paying attention/easily distracted
- Has difficulty staying on task
- Doesn't finish tasks
- Poor concentration
- Poor judgment/decision making
- Impulsive
- Hyperactive...difficulty sitting still
- Need to repeat self when ask him/her to do something
- Doesn't follow rules at home
- Doesn't follow rules at school
- Needs academic supports
- Anxious
- Worries a lot/ruminates
- Tearful/Cries easily
- Sensitive to what others say about him
- Afraid to speak in public
- Socially awkward or anxious
- Hair twirling
- Hair pulling
- Head banging
- Bed wetting
- Panic attacks
- Avoids certain activities
- Avoid certain places
- Engages in repetitive behaviors
- Perfectionist
- Does not adjust easily to change
- Moody
- Depressed
- Very happy without cause
- Does not seem to have fun
- Has extreme fears or phobias
- Expressed desire to run away
- Has run away
- Has threatened to hurt self
- Has talked about killing self
- Has engaged in self-injurious behavior
- Has attempted suicide
- Has difficulty falling asleep
- Has difficulty staying asleep
- Has nightmares
- Has or had night terrors
- Appetite/weight change
- Eating issues
- Shy around strangers
- Low self-image
- Low self-esteem
- Does not think any one likes him
- Upset by family conflict
- Gets along with same age peers
- Has same age peer friends
- Prefers to play with younger kids
- Has friends younger than his age
- Talks about imaginary friends
- Does not have friends
- Gets teased
- Gets into fights with peer age kids
- Argues that he/she is always right
- Negative outlook on life
- Recently experienced a death of family member
- Recently experienced a death of a friend
- Recently parents separated
- Recently parents divorced
- Recently parent lost a job
- Recently changed schools
- Recently moved from home
- Lies
- Steals
- Smokes
- Drinks
- Uses drugs
- Talks back
- Swears
- Disrespectful to adults
- Sexually acting out
- Skips school
- Legal problems
- Other issue not otherwise listed:  
\_\_\_\_\_  
\_\_\_\_\_

## **Insurance Information**

### **PRIMARY INSURANCE CARD HOLDER**

Name: \_\_\_\_\_ Relation to client: \_\_\_\_\_

Address if different from client: \_\_\_\_\_

Phone numbers where you can be reached: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

### **PRIMARY INSURANCE COMPANY**

*(Please note that sometimes your mental health insurance company is not the same as your medical insurance company. Look on the back of your card for a phone number.)*

Name of Company: \_\_\_\_\_

Insurance Company address and phone number: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

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### **SECONDARY INSURANCE COMPANY INFORMATION**

Name of policy holder: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relation to Client: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Company address and phone number: \_\_\_\_\_