Child Intake Form

PART I: Identifying Information Date _____

Child's name: _____SSN: _____

Birth Date: _____ Gender: _____ Telephone # _____

Address: _____

Mother's name: _____

Phone: C: _____ W: _____

Father's name: _____

Phone: C: _____ W: _____

Parents' marital status: (circle one)

Married Divorced Separated Never Married Living Together

Who is the major caretaker of the child?

_____

Who referred you?

_____

PART II: Reason for Referral

What is the main concern and what are some of the behaviors you observe that make you suspect that there is a problem?

_____

_____

_____

_____

Does the present problem occur at home? _____ school? _____ other? _____

Are there other concerns?_____

_____

Social and Behavioral Questions

Place a check mark next to any behavior or problem that your child currently exhibits:

_____Is fearful
_____Has frequent tantrums
_____Has frequent nightmares
_____Has trouble sleeping
_____Has poor appetite
_____Has memory problems
_____Has attachment problems
_____Is aggressive
_____Is slow to learn
_____Is impulsive
_____Has difficulty with hearing
_____Is oppositional/defiant
_____Has difficulty with language/speech
_____Has difficulty with vision
_____Has poor bowel control
_____Has difficulty with coordination
_____Wets bed
_____Is much too active
_____Is distractible/short attention span
_____Does not get along with peers

Please use this space to describe any problems in more detail:

_____
_____
_____

Does he/she have a problem controlling his temper or with controlling anger? (Describe)

_____
_____
_____

Does he/she ever get sad or withdrawn? (Describe)

_____
_____
_____

Does the child have a hard time sitting still and paying attention to things? (Describe)

_____
_____
_____

Does the child have any problems interacting with peers outside the home? (Describe)

_____
_____
_____

How does the child get along with other family members?

_____
_____
_____

How is discipline currently handled in your home?

_____
_____
_____

Has the child been evaluated for the current problem before? Y or N

If yes, when, and by whom?

_____

Has the child seen a psychiatrist or psychologist previously? Y or N

If yes, who

_____

May I contact them for additional information? Y or N

PART III: Family Information

Please list those persons who are important in your child's life.

Name Age Relationship Lives with child (yes/no)

_____
_____
_____
_____
_____

Has anyone in the family of either parent had any of the following problems?

	Yes	No	Relationship to Child
Learning Problems in School	____	____	_____
Mental Retardation	____	____	_____
Sickle Cell	____	____	_____
Diabetes	____	____	_____
Seizures	____	____	_____
Alcoholism	____	____	_____
Depression	____	____	_____
Anxiety	____	____	_____
Birth Defect	____	____	_____
TB	____	____	_____
Cancer	____	____	_____
Cerebral Palsy	____	____	_____
OTHER:	____	____	_____

Is the child adopted? Y or N

PART IV: Medical History

Any problems during the birth?: Y or N Nature of the Problem:

_____
_____

Have there been any health problems? _____ If yes, please explain

_____
_____

Has he/she ever been hospitalized?_____

_____

Does he/she have allergies? Y or N (please list)

_____

Medications: Please list any medications your child currently takes regularly?

Name	Frequency	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physician name: _____Telephone number: _____

May I contact the physician to coordinate care if necessary? Y or N

PART V: Educational History

Name of school: _____Grade: _____ Special Ed services: Y or N

Has the child had any educational testing? Y or N

What grades does the child typically earn? _____

Does the child receive: Speech therapy _____ Occupational therapy _____

Place a check next to any educational problem that the child currently exhibits:

_____ Has difficulty with reading
_____ Has difficulty with arithmetic
_____ Has difficulty with spelling
_____ Does not get along with classmates
_____ Has behavior problems
_____ Does not like school
_____ Has difficulty with writing

PART VI: Other Information

What are the child's strengths?

_____
_____

What are the child's favorite activities?

_____
_____

What is the child's temperament like?

_____
_____

Please discuss anything else it would be important to know about the child:

_____
_____