

Child/Adolescent Intake

Date: _____

Client and Insurance Information:

Name of Client: _____

Home Address: _____ City: _____ State: _____

Zip Code: _____ Home phone: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Can messages be left at the numbers listed above? _____

Social Security Number: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Insurance Holder Name: _____ DOB: _____

Insurance Holder's Address: _____

Insurance Company: _____

Policy Number: _____

Insurance Holder Place of Employment: _____

Deductible: _____ Copay: _____ Auth: _____

Is there Secondary Insurance? _____

Client's Legal Guardian: _____

Relationship to Child: _____

Referred by: _____

Presenting Problem:

Describe the problem your child is having and when they started:

Pregnancy and Birth History:

Was the pregnancy ___ planned or ___ unplanned? Was it full term? ___ Yes ___ No

How did mom feel about pregnancy? _____

How did dad feel about pregnancy? _____

Were any alcohol, drugs, or medications used during pregnancy? ___ Yes ___ No

If yes, please describe: _____

Were there any problems with the pregnancy? _____

Were there any problems with the birth? _____

Development:

Who was the primary caretaker for the child? _____

Estimate when the child first:

Smiled _____

Crawled _____

Walked _____

Said first word _____

Fed Self _____

Toilet Trained _____

Sat up on own _____

Stood _____

Ran _____

Said Phrases _____

Dressed Self _____

Were there any illnesses, behavioral difficulties, or discipline problems during early childhood?

Did your child have temper tantrums? _____ Yes _____ No

If yes, please describe:

What discipline techniques were/are used? Did the caretakers use consistent discipline?

Education:

What grade is the child in? _____ School: _____

Has she/he ever repeated or skipped a grade? _____ If yes, when? _____

What is her/his attendance like at school? _____

Has she/he had any discipline problems at school? Has she/he every been suspended?

What are his/her grades like? Has her/his grades changed recently? _____

Does she/he have any learning disabilities or attend special education classes? _____

Medical History:

Who is the child's primary care physician? _____

Physician's office number? _____

List all allergies, childhood illness (including chronic illnesses and infectious diseases), accidents, injuries, hospitalizations, and surgeries.

List all prescription and over-the counter medications the child takes for any medical reason (include any vitamins and herbal supplements).

List any family history of physical illnesses:

Treatment History:

Has the child been in therapy before? If yes, please list who they saw, when they were seen, how long therapy lasted, and the outcome. If any diagnosis were given, please list.

Has your child ever been hospitalized for emotional problem or for alcohol/drug treatment? If yes, when, where and what was the outcome?

To your knowledge has this child ever used alcohol or drugs? If so when and what?

To your knowledge has this child ever been physically, sexually, or emotionally abused? If yes, when, by who, and was it reported?

Has your child ever talked about or attempted suicide? If yes, when?

Has your child had any legal problems? If yes, when and what were these problems?

List any medications the child is currently takes for emotional or behavioral problems.

List any medications your child has taken in the past for emotional or behavior problems.

Is there a history of mental illness in your family? If yes, please explain.

Social History:

Does your child make friends easily?

How does your child get along with others?

Has there been any losses, changes, or transitions in your child's life?

Does the family have any spiritual, cultural, or religious beliefs that influences the child?

What hobbies does your child have?

What are your child's strengths?

What are your child's weaknesses?

Family History:

Please list all members of the household, their ages, and their relationship to your child:

Are there any traditions/events that are important to your child?

Is there any additional information you feel would be helpful to the treatment of your child?

