



## CHILD INTAKE FORM

Today's Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birth Date: \_\_\_\_\_

**Please provide the following information about your child's family:**

Parent/Guardian Names: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The name of the child's biological parents (if different from above):

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Parent's Marital Status (circle one):

Single      Married      Widowed      Separated      Divorced

Who has legal guardianship of your child? \_\_\_\_\_

Who does your child currently live with?

Names                      Ages                      Relationship to child

Who are your child's significant others NOT living with your child?

Names                      Ages                      Relationship to child

Please describe any past counseling that either your child or any other family member has had.  
Was it helpful? Explain:

Does anyone in the child's family currently use (or in the past) any type of drug, tobacco or alcohol?  
\_\_\_\_\_ If yes, please describe:

**Please provide the following information about your child:**

**Behavioral Excesses:**

What does your child currently do too often, too much or at the wrong times that gets him/her in trouble? Please list all the behaviors you can think of.

**Behavioral Deficits:**

What does your child fail to do as often as you would like, as much as you would like, or when you would like? Please list all the behaviors you can think of.

**Behavioral Assets:**

What does your child do that you like? What does he/she do that other people like?

**Other Concerns:**

Do you have any other concerns about your child or your family that you have not mentioned yet?

**Treatment Goals:**

From your proceeding list of your child's behavior and your family concerns, what problem behaviors do you want to see change FIRST and how much must they change in order for you to be satisfied?

**Education History:**

What school does your child attend? \_\_\_\_\_ Current Grade? \_\_\_\_\_

Has your child ever repeated a grade? If so which one(s)? \_\_\_\_\_

Has your child ever received any special education services?

Has your child experienced any of the following problems at school?

fighting

lack of friends

drug/alcohol detention

suspension

learning disabilities

poor grades

poor attendance

bullying

behavior problems

incomplete homework

What does your child's teacher say about him/her?

**Medical History:**

Date of your child's last medical examination: \_\_\_\_\_

Did the child's mother smoke tobacco or use alcohol, drugs or medications during the pregnancy? If so, please list which ones:

Did the child's mother have any problems during the pregnancy or at delivery? If so, please describe them:

Has your child experienced any of the following medical problems (circle as many as apply):

- |                  |                 |                       |           |
|------------------|-----------------|-----------------------|-----------|
| Serious accident | hospitalization | surgery               | asthma    |
| Head injury      | high fever      | seizures              | allergies |
| Eye/ear problems | meningitis      | loss of consciousness |           |

Please list any current medical conditions:

Please list any medications (and dosage) your child takes on a regular basis:

**Other History:**

Has your child ever experienced any type of abuse (physical, sexual, or verbal)? If so, please describe:

Has your child ever made statements of wanting to hurt him/her self or seriously hurt someone else?

Has he/she ever purposely hurt him/her self or another? If yes to either question, please describe the situation:

Has your child ever experienced any serious emotional losses (such as the death of or extended physical separation from a parent or other caretaker)? If yes, please explain:

Finally, what are some of the things that are currently stressful to your child and his/her family (such as moving, parental job changes, school changes, illnesses, etc.)?

**THANK YOU FOR TAKING THE TIME TO HELP ME GET TO KNOW YOUR CHILD. I LOOK FORWARD TO WORKING WITH YOU!**