



Child Client Intake Form

Client Information

Name _____

Address _____

City _____ State _____ Zip _____

Parent's Phone #s: Mom's Home _____ Cell _____ Work _____

Dad's Home _____ Cell _____ Work _____

(please circle preferred contact number)

Text appointment reminders to cell phone: ____ Yes ____ No ____ to Mom ____ to Dad

Email address (for appointment reminders) _____

Date of Birth: ____/____/____ Grade in School _____

Name of School _____

Gender _____ Race _____ Religion _____

Who is child currently living with? _____

Who has custody of child? _____

Emergency Contact Information

Notify _____ Phone # _____

Relationship to client: _____

Health and Medical Information

Primary Care Physician _____ Phone# _____

Psychiatrist _____ Phone# _____

List any current medical problems/medications _____

Name _____

Health and Medical Information (continued)

List any previous (as early as birth) medical problems/medications _____

Any history of head trauma (describe) _____

Main Purpose for Seeking Therapy (Please give a brief summary of main problems)

What do you want to accomplish in therapy for child and family (e.g., goals)?

Prior experiences with therapy/psychiatric treatment (other professionals, medications, types of treatment, etc.) _____

Current life stresses (example: relationships, job, school, finances, children) _____

Name _____

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Sleep behavior (sleepwalking, nightmares, recurrent dreams, problems with getting up/going to bed) _____

Child's Developmental History

Prenatal events

What was your parent's attitude toward pregnancy you? _____

Conception: ___planned ___unplanned ___easy ___difficult

Were there any pregnancy complications (e.g., bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol drug use, etc.)? _____

Birth and post-natal period

Were there any birth complications (e.g., c-section, long labor, use of forceps, medical complications, etc.)? _____

Was child placed in neo-natal unit? If so, length of stay? _____

Mother's health after delivery

Any medical complications for mother? (specify) _____

Post-partum depression? If so, how long. _____

Primary caretaker for child

First year _____ Thereafter _____

Feeding history :

Bottle vs breast (circle appropriate) _____ Age weaned _____ Food allergies _____

Current eating issues _____

Sleep behavior

Describe issues related to sleepwalking, nightmares, recurrent dreams, getting up/going to bed

Name _____

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Separation from mother and/or father (age, duration, reaction to)

Toilet training

Age reached bladder control: day _____ night _____ bowel control: day _____ night _____

Methods used _____ Ease _____ Current function _____

Sexual development

Gender identity _____ Any problems _____

Motor development (please write in age; information in parentheses are approximate normal limits)

Rolls over (3-5m) _____ Sit without support (5-7m) _____ Crawls (5-8m) _____

Walks well (11-16m) _____ Runs well (2y) _____ Rides tricycle (3y) _____

Throws ball overhand (4y) _____ Current level of activity _____

Fine/gross motor coordination _____ Compared to peers _____

Language development (please write in age; information in parentheses are approximate normal limits)

Several words besides dada, mama (1y) _____ Name several objects (e.g., ball, cup)(15m) _____

3 words together; subject, verb, object (24m) _____ Vocabulary _____ Articulation _____

Comprehension _____ Compared to others _____

Any current problems _____

Social Development (please write in age; information in parentheses are approximate normal limits)

Smile (2m) _____ Shy with strangers (6-10m) _____ Separates from mother easily (2-3y) _____

Cooperative play with others (4y) _____

Quality of attachment with mother _____ Quality of attachment with father _____

Relationships with family members _____

Early peer interactions _____

Current peer interactions _____

Special interests/hobbies _____

Name _____

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Behavior/discipline

Compliance vs non-compliance _____

Lying/stealing _____ Rule breaking _____

Methods of discipline _____

Others problems _____

Emotional development

Early temperament _____

Current personality _____

Mood _____ Fears/phobias _____

Habits _____

Special objects (blankets, dolls, etc.) _____

Ability to express feelings _____

School history

Current grade _____ Number of schools attended _____ Average grades _____

Homework problems _____ Learning disabilities _____

Behavioral problems in school _____

What would your teachers say about your child? _____

(If Applicable)

Physical abuse history

Alcohol and drug history

List any alcohol, prescription drug, or street drug use; include age started, type of substance, and current use; also note any use of caffeine and nicotine _____

Name _____

Sexual history

Age at the time of first sexual experience _____ Number of sexual partners _____

History of sexually transmitted diseases _____

History of terminated pregnancies _____

History of sexual abuse, molestation, or rape _____

Current sexual issues _____

Briefly describe any legal issues that your child has experience (provide age when issues occurred) _____

Are your child currently required by a court of law to receive counseling? ___ Yes ___ No

Overall strengths of child; as viewed by parents

Overall strengths of child; as viewed by child

Family History

Family structure; current

Describe who lives in your current household; give relationship to child (note if step-relationships, or if any member of your household is adopted, foster, or step-relationships) _____

Siblings to child (names, ages, problems, strengths, foster, adopted, or step-relations _____

Current marital/relationship satisfaction of parents _____

Name _____

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Significant family events

List any significant events including marriages, separations, divorces, deaths, traumatic events, losses, abuse, etc. _____

Biological mother's history

___ Living ___ Age ___ Deceased ___ Age at death ___ Work outside home

School: Highest grade completed _____

Learning problems _____ Behavior problems _____

Marriages _____

Medical Problems _____

Childhood environment (family position, abuse, illnesses, etc.) _____

Has mother ever sought psychiatric treatment? ___ Yes ___ No If yes, explain _____

Mother's alcohol/drug use history _____

Have any of your mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify) _____

Biological father's history

___ Living ___ Age ___ Deceased ___ Age at death ___ Work outside home

School: Highest grade completed _____

Learning problems _____ Behavior problems _____

Marriages _____

Medical Problems _____

Name _____

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Biological father's history (continued)

Childhood environment (family position, abuse, illnesses, etc.) _____

Has father ever sought psychiatric treatment? ___ Yes ___ No If yes, explain _____

Father's alcohol/drug use history _____

Have any of your father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify) _____

(If Applicable)

Step- or Adoptive Mother's History (indicate which)

___ Living ___ Age ___ Deceased ___ Age at death ___ Work outside home

School: Highest grade completed _____

Learning problems _____ Behavior problems _____

Marriages _____

Medical Problems _____

Name _____

Childhood environment (family position, abuse, illnesses, etc.) _____

Has step- or adoptive mother ever sought psychiatric treatment? ___ Yes ___ No If yes, explain _____

Step- or Adoptive mother's alcohol/drug use history _____

Step- or Adoptive Father's History (indicate which)

___ Living ___ Age ___ Deceased ___ Age at death ___ Work outside home

School: Highest grade completed _____

Learning problems _____ Behavior problems _____

Name _____

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Step or Adopted Father's History (indicate which) (continued)

Marriages _____

Medical Problems _____

Childhood environment (family position, abuse, illnesses, etc.) _____

Has step- or adoptive father ever sought psychiatric treatment? ___Yes ___No If yes, explain _____

Step- or adoptive father's alcohol/drug use history _____

Thank you for taking the time to complete this form.