



CHILD INTAKE FORM

----- Part 1 – To be completed by the parent or guardian. -----

CLIENT INFORMATION

Today's Date: ____/____/____ Referred By: _____
Child's Name: _____
Date of Birth: ____/____/____ Age: _____
Child's Address: _____
City: _____ State: _____ Zip: _____
Phone (Home) _____ (Work) _____
Phone (Cell) _____ (Cell 2) _____
E-mail: _____
School: _____
Grade Level: _____ Teacher's Name: _____
Does the child attend church? ☐ Yes ☐ No
Church Name: _____
Child's custodian/guardian(s) is are: _____

FATHER'S INFORMATION

Father's Name: _____ Age: _____
Father's Address: _____
City: _____ State: _____ Zip: _____
Phone (Home) _____ (Cell) _____
E-mail: _____
Occupation: _____
Employer: _____
Marital Status: ☐ Married ☐ Engaged ☐ Widowed ☐ Divorced
☐ Separated ☐ Live with Partner ☐ Other _____
If remarried, name of spouse: _____

MOTHER'S INFORMATION

Mother's Name: _____ Age: _____
Mother's Address: _____
City: _____ State: _____ Zip: _____
Phone (Home) _____ (Cell) _____
E-mail: _____
Occupation: _____
Employer: _____
Marital Status: ☐ Married ☐ Engaged ☐ Widowed ☐ Divorced
☐ Separated ☐ Live with Partner ☐ Other _____
If remarried, name of spouse: _____

FAMILY COMPOSITION

Who currently resides in the same house as the child? Please include everyone including any half or step brothers and sisters.

Name	Age	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		



CHILD INTAKE FORM

MEDICAL AND PERSONAL

Primary Care Physician: _____

Office Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Specialist: _____

Type of Physician: _____

Office Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Has your child had any counseling before? ☐ Yes ☐ No

Counseling/Therapist Names: _____

EMERGENCY CONTACT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home) _____ (Cell) _____

(Work) _____

Relation: _____

CURRENT MEDICATION PRESCRIBED

Name of Medication	Dosage	Frequency

SCHOOL PERFORMANCE

What subjects does your child consistently do well? _____

What subjects does your child consistently do poorly? _____

Grades tend to be (check all that apply): ☐ A ☐ A-B ☐ B ☐ Some C ☐ All C ☐ C and below

Is your child expected to pass this school year? ☐ Yes ☐ No ☐ Unsure

How does your child typically handle homework?

☐ Does homework on their own

☐ Needs my help to do homework

☐ Has to be constantly reminded to do homework

☐ Forgets assignments at school

☐ Refuses to do homework

☐ Tries to do homework, but struggles to understand



CHILD INTAKE FORM

CHILD'S INTERESTS AND STRENGTHS

- | | | |
|--|--|---|
| <input type="checkbox"/> Catching and throwing a ball | <input type="checkbox"/> Running fast | <input type="checkbox"/> Playing a musical instrument |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Art work | <input type="checkbox"/> Working with machines |
| <input type="checkbox"/> Building models | <input type="checkbox"/> Building things | <input type="checkbox"/> Writing stories/poems |
| <input type="checkbox"/> Working with electronics | <input type="checkbox"/> Telling stories | <input type="checkbox"/> Remembering where to find things |
| <input type="checkbox"/> Reading for pleasure | <input type="checkbox"/> Using her/his imagination | <input type="checkbox"/> Figuring out new reading words |
| <input type="checkbox"/> Caring for pets/animals | <input type="checkbox"/> Reading fast | <input type="checkbox"/> Learning new spelling words |
| <input type="checkbox"/> Understanding what she/he reads | <input type="checkbox"/> Handwriting | <input type="checkbox"/> Using a computer |
| <input type="checkbox"/> Learning about science | <input type="checkbox"/> Learning about history | <input type="checkbox"/> Playing video games |
| <input type="checkbox"/> Memorizing things for school | <input type="checkbox"/> Singing | <input type="checkbox"/> Playing a particular sport |
| <input type="checkbox"/> Other: _____ | | |

PARENTAL ASSESSMENT OF CHILD

Feelings

- | | | |
|--|--|--|
| <input type="checkbox"/> Restless | <input type="checkbox"/> Sad | <input type="checkbox"/> Cries easily |
| <input type="checkbox"/> Angers easily | <input type="checkbox"/> Lacks remorse | <input type="checkbox"/> Sullen |
| <input type="checkbox"/> Bored easily | <input type="checkbox"/> Irritable | <input type="checkbox"/> Overly guilty |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Shows feelings that concern you or seem strange for his/her age | |

Behaviors

- | | | |
|---|---|---|
| <input type="checkbox"/> Has problems in school | <input type="checkbox"/> Does things that seem strange for age | <input type="checkbox"/> Destroys possessions or property |
| <input type="checkbox"/> Refuses to talk | <input type="checkbox"/> Overactive | <input type="checkbox"/> Has been in trouble with police |
| <input type="checkbox"/> Involved in sexual activity (ages 10-17) | <input type="checkbox"/> Threatens or harms other children | <input type="checkbox"/> Threatens or harms animals |
| <input type="checkbox"/> Steals | <input type="checkbox"/> Sets fires | <input type="checkbox"/> Hurts him/herself |
| <input type="checkbox"/> Lacks interest in things he/she usually enjoys | <input type="checkbox"/> Plays sexual games with others, toys, animals (ages 3-9) | |

Social Interaction

- | | | |
|--|--|--|
| <input type="checkbox"/> Withdraws | <input type="checkbox"/> Doesn't look other's eyes | <input type="checkbox"/> Clings to you often |
| <input type="checkbox"/> Defiant | <input type="checkbox"/> Argumentative | <input type="checkbox"/> Difficulty making friends |
| <input type="checkbox"/> Difficulty keeping friends | <input type="checkbox"/> Severe or frequent tantrums | <input type="checkbox"/> Picks on others |
| <input type="checkbox"/> Often gets in fights | <input type="checkbox"/> Doesn't want to go to school | <input type="checkbox"/> Prefers to be alone |
| <input type="checkbox"/> Concerned about how child interact with you | <input type="checkbox"/> Concerned about how child interacts with other family members | <input type="checkbox"/> Concerned with how child interacts with playmates/peers |



CHILD INTAKE FORM

Thinking

- | | | |
|---|---|--|
| <input type="checkbox"/> Daydreams often | <input type="checkbox"/> Has strange thoughts | <input type="checkbox"/> Difficulty trusting others |
| <input type="checkbox"/> Has difficulty remembering things | <input type="checkbox"/> Frequently confused | <input type="checkbox"/> Distracted easily |
| <input type="checkbox"/> Decline in schoolwork/grades | <input type="checkbox"/> Talks of death often | <input type="checkbox"/> Talks of suicide often |
| <input type="checkbox"/> Concerned about child's thinking process | <input type="checkbox"/> Blames others for misdeeds or thoughts | <input type="checkbox"/> Sees or hears things that are not there |

Physical Problems

- | | | |
|---|--|--|
| <input type="checkbox"/> Lack of energy | <input type="checkbox"/> Vomits often | <input type="checkbox"/> Sneaks food |
| <input type="checkbox"/> Wet pants | <input type="checkbox"/> Soils pants | <input type="checkbox"/> Uses laxatives |
| <input type="checkbox"/> Refuses to eat | <input type="checkbox"/> Has stomach aches often | <input type="checkbox"/> Has headaches |
| <input type="checkbox"/> Accident prone | <input type="checkbox"/> Has lost or gained a significant amount of weight | <input type="checkbox"/> Has sleeping problems – nightmares, sleepwalking, early waking, frequent night waking |

PRESENTING PROBLEM

What brings you here today?
