



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: _____

Has your child had any counseling before? Yes No

Office Phone: _____ Fax: _____

Counseling/Therapist Names: _____

Address: _____

EMERGENCY CONTACT

City: _____ State: _____ Zip: _____

Name: _____

Child's Specialist: _____

Address: _____

Type of Physician: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____

Phone (Home) _____ (Cell) _____

Address: _____

(Work) _____

City: _____ State: _____ Zip: _____

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?

<input type="checkbox"/> Does homework on their own	<input type="checkbox"/> Forgets assignments at school
<input type="checkbox"/> Needs my help to do homework	<input type="checkbox"/> Refuses to do homework
<input type="checkbox"/> Has to be constantly reminded to do homework	<input type="checkbox"/> Tries to do homework, but struggles to understand



CHILD INTAKE FORM

CHILD'S INTERESTS AND STRENGTHS

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

PARENTAL ASSESSMENT OF CHILD

Feelings

- Restless
- Angers easily
- Bored easily
- Fearful
- Sad
- Lacks remorse
- Irritable
- Shows feelings that concern you or seem strange for his/her age
- Cries easily
- Sullen
- Overly guilty

Behaviors

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

Social Interaction

- Withdraws
- Defiant
- Difficulty keeping friends
- Often gets in fights
- Concerned about how child interact with you
- Doesn't look other's eyes
- Argumentative
- Severe or frequent tantrums
- Doesn't want to go to school
- Concerned about how child interacts with other family members
- Clings to you often
- Difficulty making friends
- Picks on others
- Prefers to be alone
- 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?