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CHILD/ADOLESCENT INTAKE INFORMATION

Please note: your completed form is protected as confidential information.*

Client:_____
(Last) (First) (Middle Initial)

Client Birth Date: _____ /_____ /_____ Age: _____ Gender: Male Female

Address: _____

_____

Home Phone: ( ) _____ May we leave a message? □ Yes □ No

Cell/Other Phone: ( ) _____ May we leave a message? □ Yes □ No

E-mail: _____ May we email you? □ Yes □ No

*Please note: Email correspondence is not considered to be a confidential medium of communication.

Referred by: _____

Insurance: _____Policy ID#: _____

Policy Holder SSN: _____Policy Holder Date of birth: _____

Insured: _____ Relationship: _____

Authorization to Release Information: I hereby authorize release any information necessary to process medical insurance claims and authorize payment of benefits to the therapist for services rendered.

_____ _____
Signature Date

Parent/ Guardian:
Mr. Mrs. Ms._____Relationship:_____

Emergency Contact: _____
Name Relationship Telephone Number

~Presenting Problem(s)~

What is the primary problem or situation for which you are here? _____

_____

_____

How long has this situation been problematic? _____

What significant life changes or stressful events has your child experienced recently (e.g. death of loved one, divorce/separation of parents, job loss, health issue, etc.): _____

_____

_____

~Client's Family History~

Birthplace: _____

Other places child has lived: _____

Are/were child's parents married to each other? _____

Mother's marital history: Married _____ time(s) Separated Divorced Widowed

Father's marital history: Married _____ time(s) Separated Divorced Widowed

Names and ages of siblings (and type of relationship if not full biological; e.g. step, half, adopted, foster):

_____

_____

Who presently lives in your home? _____

_____

~Client's Developmental and Medical History~

Prenatal/delivery related complications:_____

_____

Developmental delays: _____

_____

Medical conditions (surgery, head trauma, seizures, etc.):_____

_____

~Client's Educational History~

Highest level of school completed: _____ grade

Grades in general: Excellent Good Average Poor Failing

Grades repeated: _____Grades skipped:_____

Special education classes: _____

Gifted classes: _____

~Client's Social History~

Activities in which your child participates (sports, science club, Sunday school, etc.):

_____

_____

How does your child get along with other children who are involved: _____

_____

How well does your child follow the rules and directions: _____

_____

~Behavior/Emotional History~

Please briefly describe any concerns: _____

_____

_____

_____

_____

~Mental Health History~

Please indicate family history for problems with and/or received treatment for:

Anger/Temper	child	family member:_____
Anxiety	child	family member:_____
Depression	child	family member:_____
Eating Disorders	child	family member:_____
Learning Problems	child	family member:_____
Obsessions/Compulsions	child	family member:_____
Psychoses/Schizophrenia	child	family member:_____
Suicidal Ideation	child	family member:_____

Other: _____ _____

Other: _____ _____

If your child has history of suicide attempts, please indicate:

First attempt: When: _____ Method: _____

How the attempt was interrupted: _____

Most recent attempt: When: _____ Method: _____

How the attempt was interrupted: _____

If applicable, please list psychiatric medications your child has been prescribed, symptoms treated, and approximate dates: _____

_____

If applicable, please indicate approximate dates and causes for psychiatric

hospitalization: _____

_____

~Additional Information~

What are some of your child's strengths? _____

_____

What are some changes your child needs to make? _____

_____

How do people who know your child well tend to describe him/her? _____

_____

How do people who are less acquainted with your child tend to describe him/her? _____

_____

Briefly describe your faith or religious beliefs: _____

_____

What would you like to accomplish in therapy? _____

_____

Additional information you would like to share about your child: _____

_____