

# CHILD INTAKE

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## FAMILY HISTORY

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph No. \_\_\_\_\_ Mom's #: (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Mom's email address \_\_\_\_\_

Father's Address (if applicable) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Dad's #: (work): \_\_\_\_\_ Dad's cell: \_\_\_\_\_ Dad's email address: \_\_\_\_\_

Best way/time/place to contact you \_\_\_\_\_ Ok to contact you? Y/N

Child is living with (circle one):

A) both natural parents or only living parent, B) divorced or separated natural parent (who and since when \_\_\_\_\_)

C) Father remarried (when) \_\_\_\_\_ D) Mother remarried (when) \_\_\_\_\_ E) Guardian (when) \_\_\_\_\_

F) Adopted -- Age at adoption: \_\_\_\_\_ Adoption date: \_\_\_\_\_

If child living under conditions B,E, or F, I require a photocopy of the legal document stating this information (at least the cover page, page specifying conservator(s) and signature page). The photocopy should be stapled to this form.

Recent Move? Yes [ ] No [ ]

Own room? Yes [ ] No [ ] Shares room with: \_\_\_\_\_

Pet? Yes [ ] No [ ] Describe: \_\_\_\_\_

Any negative experiences with animals? Yes [ ] No [ ] Explain: \_\_\_\_\_

Any history of aggression or abuse toward animals? Yes [ ] No [ ] Explain: \_\_\_\_\_

What do you do for fun as a family? \_\_\_\_\_

Chores/responsibilities? Yes [ ] No [ ] List: \_\_\_\_\_

Has child received previous counseling elsewhere? Yes \_\_\_\_ No \_\_\_\_

Previous counselor/agency \_\_\_\_\_

Name and address

Phone #: \_\_\_\_\_ Dates of service: \_\_\_\_\_ (beginning – ending)

**DEVELOPMENTAL HISTORY:**

Was the pregnancy planned? Yes [ ] No [ ]

Describe any complications experienced during pregnancy \_\_\_\_\_

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Describe any complications during birth & delivery \_\_\_\_\_

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Child was born after \_\_\_\_\_ months pregnancy

Child was born \_\_\_\_\_home \_\_\_\_\_hospital \_\_\_\_\_other

Child's birth weight: \_\_\_\_\_lbs. \_\_\_\_\_oz.

During the pregnancy, the mother's health was: \_\_\_\_\_good \_\_\_\_\_fair \_\_\_\_\_poor

Were there any health problems or diseases during pregnancy? Yes [ ] No [ ] If so, describe: \_\_\_\_\_

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Condition of delivery: \_\_\_\_\_fast \_\_\_\_\_moderate \_\_\_\_\_Caesarean \_\_\_\_\_Instrument (forceps)

Did child have any problems at birth? Yes [ ] No [ ] If yes, describe \_\_\_\_\_

Any problems feeding? Yes [ ] No [ ] Age \_\_\_\_\_ Duration \_\_\_\_\_

Any problems eating? Yes [ ] No [ ] Describe \_\_\_\_\_

Any problems sleeping? Yes [ ] No [ ] Describe \_\_\_\_\_

Any problems with toilet training? Yes [ ] No [ ] Describe \_\_\_\_\_

Any problems crying? Yes [ ] No [ ] Describe \_\_\_\_\_

Have there been any physical or emotional separations (i.e. death, hospitalizations) between child and care taking adult during the first 26 months of life? Yes [ ] N [ ]

If yes, explain \_\_\_\_\_

**Approximate Age he/she:**

Held head up \_\_\_\_\_ Turned over \_\_\_\_\_ Sat \_\_\_\_\_ Pulled up \_\_\_\_\_ Crawled \_\_\_\_\_

Smiled at parents \_\_\_\_\_ Walked with help \_\_\_\_\_ Was weaned \_\_\_\_\_ Used sentences \_\_\_\_\_

Fed self \_\_\_\_\_ Helped dress self \_\_\_\_\_ Dressed alone \_\_\_\_\_ Dry during day \_\_\_\_\_ At night \_\_\_\_\_

**Is he/she:**

Impulsive \_\_\_\_\_ Timid or shy \_\_\_\_\_ Right/left handed \_\_\_\_\_ Stubborn \_\_\_\_\_ Clumsy \_\_\_\_\_

Well coordinated \_\_\_\_\_ Affectionate \_\_\_\_\_

Any developmental testing? Yes [ ] No [ ]

Dates: \_\_\_\_\_ Place \_\_\_\_\_

Findings \_\_\_\_\_

## Developmental History (Cont.)

List any special problems that might have caused stress for child \_\_\_\_\_

Any findings of disorder or mental delays through testing? Yes [ ] No [ ]

Dates: \_\_\_\_\_ Place: \_\_\_\_\_

Findings: \_\_\_\_\_

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## CHILD'S MEDICAL HISTORY

Medication? Yes [ ] No [ ] List: \_\_\_\_\_

Allergies/chronic conditions? Yes [ ] No [ ] Describe: \_\_\_\_\_

Any problems with health, disease, or serious injury? Yes [ ] No [ ] Describe \_\_\_\_\_

Has child been hospitalized? Yes [ ] No [ ] Age when hospitalized \_\_\_\_\_ Reason \_\_\_\_\_

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How long since last seen by doctor? \_\_\_\_\_

Is child presently taking medication? Yes [ ] No [ ] If so, type of medicine and dosage \_\_\_\_\_

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Does child have a vision problem? Yes [ ] No [ ] If yes, describe \_\_\_\_\_

Does child have a hearing problem? Yes [ ] No [ ] If yes, describe \_\_\_\_\_

Does child have a speech problem? Yes [ ] No [ ] If yes, describe \_\_\_\_\_

Does child have convulsions or spells? Yes [ ] No [ ] If yes, explain \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Ph No. \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

### Does child have any of the following:

Animal allergies? Yes [ ] No [ ] Describe: \_\_\_\_\_

Animal fears of phobias? Yes [ ] No [ ] Describe: \_\_\_\_\_

Any trauma history? Yes [ ] No [ ] Describe: \_\_\_\_\_

Anything else I should know? \_\_\_\_\_

**SCHOOL INFORMATION** (Please fill in where appropriate)

Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Year Enrolled: \_\_\_\_\_ School Ph No. \_\_\_\_\_

**Has child been:** Tutored: Yes [ ] No [ ] In special class: Yes [ ] No [ ] Expelled Yes [ ] No [ ]

Suspended: Yes [ ] No [ ] Repeated a grade: Yes [ ] No [ ] Cut classes Yes [ ] No [ ]

**The school has said my child:** Is hyperactive Yes [ ] No [ ] Is bored Yes [ ] No [ ]

Procrastinates Yes [ ] No [ ]

Gets along well with adults? Yes [ ] No [ ] \_\_\_\_\_

Gets along well with students? Yes [ ] No [ ] \_\_\_\_\_

Has few, or many, friends? Yes [ ] No [ ] \_\_\_\_\_

IQ above/below avg.? Yes [ ] No [ ]

**PARENT INTERVIEW**

	Name	Age	Relationship
Parents:	_____	_____	_____
	_____	_____	_____
Siblings:	_____	_____	_____
	_____	_____	_____
Step	_____	_____	_____
	_____	_____	_____

Who wanted help? \_\_\_\_\_

Five adjectives describing mother: \_\_\_\_\_

Five adjectives describing father: \_\_\_\_\_

Five adjectives describing parental relationship: \_\_\_\_\_

Who is Dad's favorite child? \_\_\_\_\_

What makes you think so? \_\_\_\_\_

Who is Mom's favorite child? \_\_\_\_\_

What makes you think so? \_\_\_\_\_

Who makes parenting decisions most often? \_\_\_\_\_

Who is more ambitious for child(ren)? \_\_\_\_\_

In what way? \_\_\_\_\_

**Parent Interview (Cont.)**

Do you two disagree openly? Yes [ ] No [ ] About what? \_\_\_\_\_

Do you agree on child rearing methods? Yes [ ] No [ ] What method is used? \_\_\_\_\_

Form of discipline used by father: \_\_\_\_\_

**Describe other influences on child**

Who has been important to child? \_\_\_\_\_ In what way? \_\_\_\_\_

How does child stand out in the family? \_\_\_\_\_

What are the child's responsibilities? \_\_\_\_\_

Does child have nightmares, dreams? Explain: \_\_\_\_\_

**INFORMATION ON MOTHER**

Occupation: \_\_\_\_\_

Form of discipline used by mother: \_\_\_\_\_

Is there a history of learning, emotional, or behavioral problems Yes [ ] No [ ] (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

Is there a history of substance abuse Yes [ ] No [ ] If yes, explain \_\_\_\_\_

Is there a history of family violence Yes [ ] No [ ] If yes, explain \_\_\_\_\_

Is there a history of criminal activity Yes [ ] No [ ] If yes, explain \_\_\_\_\_

Marital status:

**INFORMATION ON FATHER**

Occupation: \_\_\_\_\_

Form of discipline used by father: \_\_\_\_\_

Is there a history of learning, emotional, or behavioral problems Yes [ ] No [ ] (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

Is there a history of substance abuse Yes [ ] No [ ] If yes, explain \_\_\_\_\_

Is there a history of family violence Yes [ ] No [ ] If yes, explain \_\_\_\_\_

Is there a history of criminal activity Yes [ ] No [ ] If yes, explain \_\_\_\_\_

Marital status:

