

Intake Forms – Child and Adolescent

PRESENTING PROBLEM

Please tell us why you are seeking services for your child at this time.

What do you hope to accomplish from the services received?

SYMPTOM CHECKLIST – Please check all that apply.

Past	Present		Past	Present	
		Addictions			Hopelessness
		Aggressive behavior			Hyperactivity
		Anger			Impulsivity
		Anxiety/worry			Isolation
		Appetite changes			Lack of motivation
		Breaking the law			Learning problems
		Crying spells			Loss/death of a significant person
		Decreased energy			Marital/relationship problems
		Depression			Mood swings
		Developmental disabilities			Physical complaints
		Difficulty concentrating			School problems
		Disobedience			Self-mutilation
		Drugs/alcohol			Sexual problems
		Eating disorders			Sleep changes
		Fears			Speech/language problems
		Fighting			Stress
		Fire setting			Suicidal thoughts
		Hallucinations			Temper tantrums
		Health problems			Wets bed
		Homicidal thoughts			Other:

FAMILY AND SOCIAL INFORMATION

Please list family members and other individuals who live at the child's address.

Name	Relationship	Age	Marital Status

Please list other family members who do not at the child's address, including half, step, and foster family members.

Name	Relationship	Age	Marital Status

Who has legal custody of the child?

If the child's biological parents are not living, please indicate date and cause of death.

If the child is adopted, please provide any known information about the biological parents, including contact with child.

Has the child or any family member been physically, emotionally, or sexually abused? If yes, please describe.

Has the child ever been a perpetrator of abuse? If yes, please describe.

Has the child been exposed to any stressful or traumatic situations such as witnessing violence, death of a significant person, family problems, etc.? If yes, please describe.

Is spirituality/religion a part of the child's life? If yes, please describe.

Who are the child's main social supports?

EDUCATION INFORMATION

Please list all schools attended, beginning with the most current.

Name of School	Grades	Reason for Leaving

What are the child's usual grades in school?

Has the child ever failed or advanced a grade? If yes, please describe.

Has the child ever been diagnosed with a learning or conduct disorder? If yes, please describe.

Has the child ever been bullied in school? If yes, please describe.

What is the child's view of school?

EMPLOYMENT INFORMATION

If the child works, please indicate place, position, and hours. _____

LEGAL INFORMATION

Has the child ever been arrested? If yes, please describe.

Is the child currently on probation or parole? If yes, please describe.

Is the child currently involved in any legal actions, such a child custody case? If yes, please describe.

Has the child ever received a DWI or DUI? If yes, please describe.

Please indicate any recent changes in the child's medication (i.e. changes in dosage/frequency, changing side effects, recently discontinued medications, etc.).

BEHAVIORAL HEALTH INFORMATION

Please answer the following questions regarding the child's behavior health history.

Has the child received counseling before?

Has the child received a mental health diagnosis? If yes, please indicate.

What did you/the child find helpful about previous counseling?

Has the child ever been hospitalized? If so, please indicate date(s) and reason for hospitalization.

Does the child have a history of self-injury/suicidal ideation? If yes, please indicate the most recent incident.

Has the child's behavioral health concerns impacted their performance at school/work, or their relationships with family/friends? If yes, please explain.

Please list any current and previous counseling and psychiatric treatment for you and/or any family members.

Individual Receiving Treatment	Type of Treatment (i.e., outpatient, inpatient, residential, chemical dependency, etc.)	Service Provider	Dates

STRENGTHS

Please list some of the child's strengths and positive qualities.

What hobbies, interests, and extracurricular activities does the child enjoy?

Is there anything else you would like us to know?