Child/Teen Intake Form

Child's Name:		DOB:	Age:
Biological Father:	Biological Mother:	No. of siblings:	Which no. is the child?
Religion:	Race:	School:	Grade:
Address:	City/ST:	Zip:	County:

With whom is the child currently living:

Home phone no.:	Parent's work no.:	Other no.:
Referral Source:	Phone:	Fax:

MAIN PURPOSE OF THE CONSULTATION (Please give a brief summary of the main problems/symptoms):

How long have the above symptoms occurred?	Give date:

WHY DID YOU SEEK THE EVALUATION AT THIS TIME? What are your goals in being here?

PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY
(Please include contact with other professionals, medications, types of treatment, etc.)

Date:	Type of Treatment:	Medications:	Currently taking?	Effective?
			☐Y ☐N	☐Y ☐N
			☐Y ☐N	☐Y ☐N
			☐Y ☐N	☐Y ☐N
			☐Y ☐N	☐Y ☐N
			☐Y ☐N	☐Y ☐N

PRIOR DIAGNOSES:

MEDICAL HISTORY

Past/current medical conditions:

Currently being treated? ☐Y ☐N

Medications/vitamins/herbs:

Hospitalizations:

Date:	Cause:
Date:	cause:

NEUROPSYCHIATRIC HISTORY

Any history of head trauma, concussion, strokes or significant accidents? (describe):

Date:	Type of Accident/Diagnosis:	Hospitalization/Treatment?	Rehabilitation? Where?
		☐Y ☐N	☐Y ☐N
		☐Y ☐N	☐Y ☐N
		☐Y ☐N	☐Y ☐N

History of seizures or seizure like activity? ☐Y ☐N	Date seizures began:
Prior abnormal lab tests, X-rays, EEG, MRI, etc: ☐Y ☐N	Date tests conducted:

Please bring pertinent medical records; lab results, MRI report, psychological testing, etc.

DEVELOPMENTAL HISTORY

Months gestation?	Complications? ☐Y ☐N List: _____	Hours mom in labor:
Vaginal or Cesarean birth (circle one)	Estimated birth weight:	
Milestones (walk, talk, etc.) reached on time? ☐Y ☐N List if no: _____		

FAMILY HISTORY

Please indicate the presence of any condition listed below for both maternal and paternal relationships.

Father's side		Mother's side	
Schizophrenia/psychosis	☐Y ☐N	Schizophrenia/psychosis	☐Y ☐N
Depression	☐Y ☐N	Depression	☐Y ☐N
Anxiety Disorder/OCD	☐Y ☐N	Anxiety Disorder/OCD	☐Y ☐N
Bipolar Disorder	☐Y ☐N	Bipolar Disorder	☐Y ☐N
Personality Disorder	☐Y ☐N	Personality Disorder	☐Y ☐N
Substance Abuse	☐Y ☐N	Substance Abuse	☐Y ☐N
Mental Retardation/LD	☐Y ☐N	Mental Retardation/LD	☐Y ☐N
Autism/Asperger's/PDD	☐Y ☐N	Autism/Asperger's/PDD	☐Y ☐N
Eating Disorder	☐Y ☐N	Eating Disorder	☐Y ☐N
History of abuse/neglect	☐Y ☐N	History of abuse/neglect	☐Y ☐N
Genetic Medical Condition	☐Y ☐N	Genetic Medical Condition	☐Y ☐N
Other _____		Other _____	
Dad deceased? ☐Y ☐N	Cause? _____	Mom deceased? ☐Y ☐N	Cause? _____

PSYCHOSOCIAL HISTORY

Blended family (stepmom/dad, etc.)? ☐Y ☐N		Number of stepchildren?	
History of substance abuse? ☐Y ☐N	Age abuse began?	Years sober or longest attempt at sobriety?	
Drug of choice:	Treatment received? ☐Y ☐N	Inpatient or Outpatient (circle applicable)	
Problems with sleeping? ☐Y ☐N	Explain:		
Problems with eating? ☐Y ☐N	Explain:		
Number of detentions:	Charges:		Years served:
Other contact with the legal system: ☐Y ☐N	Explain:		
History of physical/sexual abuse?	Age abuse began:	Treatment received? ☐Y ☐N	
History of mental abuse/neglect?	Age abuse began:	Treatment received? ☐Y ☐N	
Personal strengths:	Personal weaknesses:		
Current life stresses:			
Explain coping strategies:			

EDUCATIONAL HISTORY

Last grade completed:	Current school:		No. of schools attended:	
Special education: ☐Y ☐N	Gifted classes? ☐Y ☐N	Behavior problems? ☐Y ☐N	Retained? ☐Y ☐N	
Other problems in school? ☐Y ☐N	Explain:			
Average grades or g.p.a.:	Academic/achievement testing performed in school? ☐Y ☐N			
Social problems in school? ☐Y ☐N	Belongs to a group? ☐Y ☐N	Best friend? ☐Y ☐N	Age:	
Test anxiety? ☐Y ☐N	Completes homework? ☐Y ☐N	Distractible? ☐Y ☐N		
Attitude towards school/teachers:	Favorite subject:			
Intramural activities:	Extramural activities:			