

## Child & Adolescent Intake

*Instructions: To be completed by parent(s)/legal guardian(s)*

Childs Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_

Parent(s)' Name(s): \_\_\_\_\_

### **Family:**

Who are the members of your household? Please list names and ages:

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What role does extended family play in your life?

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Please list some family strengths:

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What ways does your family like to share time together?

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*Generally, how do you use or not use the following parenting strategies:*

Praise: \_\_\_\_\_

Loss of privileges: \_\_\_\_\_

Time-out/Grounding: \_\_\_\_\_

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Parent-Child quality time: \_\_\_\_\_

Rewards: \_\_\_\_\_

Chores/Contributing to family: \_\_\_\_\_

Other approaches used to discipline or shape your child's character: \_\_\_\_\_

**Development:**

Child's approximate due date: \_\_\_\_\_ Birth date: \_\_\_\_\_

Birth and delivery story: \_\_\_\_\_

Did your child develop typically? If not, please indicate areas where development was outside the typical range: \_\_\_\_\_

**Academic:**

What are your child's favorite subjects in school? \_\_\_\_\_

Do you have any school-related concerns? \_\_\_\_\_

During the past year has your child received any special services within the school for attention, behavior, learning, or emotional difficulties?

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Does your child have an IEP? \_\_\_\_\_ If so, when was it last reviewed? \_\_\_\_\_

**Spiritual/Faith Background:**

What is your family's faith background?

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How important is your faith background in your child's life right now?

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**Friendships:**

Does your child have at least one friend his/her age who he/she hangs out with? \_\_\_\_\_

What type of activities does your child tend to be active in when spending time with his/her peers?

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Do you have any concerns with regard to your child's ability to make or maintain friendships?

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**Extracurricular:**

Does your child participate in any extracurricular activities (sports, clubs, music, art, etc.)?

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What is the time commitment tied to the above activities?

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**Health:**

When was your child's last medical exam? \_\_\_\_\_

Is your child on medication for the treatment of any physical or mental health problems? \_\_\_\_\_ If so, please list the name of the treating physician and the medication(s) prescribed:

Physician: \_\_\_\_\_ Medication(s): \_\_\_\_\_

Physician: \_\_\_\_\_ Medication(s): \_\_\_\_\_

During the past year has your child had problems in any of the following areas?

Wetting the bed \_\_\_\_\_

Soling him/herself during day hours \_\_\_\_\_

Frequent headaches or stomach aches \_\_\_\_\_

Difficulty sleeping \_\_\_\_\_

Nightmares \_\_\_\_\_

Getting stuck on one idea or repeating a behavior over and over \_\_\_\_\_

Do you have any concerns about your child's eating habits? \_\_\_\_\_ If so, what are they?

\_\_\_\_\_  
\_\_\_\_\_

**Behavioral:**

*Please underline any of the following behaviors that your child engages in regularly:*

Breaking Rules                      Stealing                      Failing to complete school work

Arguing                              Starting fires                      Lying

Asking for help                      Expressing emotion                      Expressing needs

Losing his/her temper                      Skipping school                      Crying

Not following directions                      Biting                      Talking excessively

Sharing                              Hitting/kicking                      Sleeping excessively

Asking questions                      Using feeling words                      Spending time alone

Running away

Does your child use the internet/or have screen time daily/often? \_\_\_\_\_ If so, please elaborate on the amount/type of usage of screen time/internet usage/social media.

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Do you utilize any methods of parental monitoring of screen/internet/social media usage? \_\_\_\_\_ If so, please describe.

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Do you have any concerns about your child's screen time/internet usage/social media usage?

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Are you aware of any substance use (alcohol, drugs, etc) by your child? \_\_\_\_\_ If so, please explain.

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**Emotional/Psychological:**

Has your child had difficulties with excessive worrying or fear? \_\_\_\_\_ If so, what does he/she tend to worry about or be fearful of? \_\_\_\_\_

Does this problem interfere with his/her life? \_\_\_\_\_ If so, in what ways? \_\_\_\_\_

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Have you noticed your child experiences several days at a time when he/she feels sad or depressed?

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Have you noticed your child experience a decreased interest around things he/she usually likes to do? \_\_\_\_\_ If so, when did this begin? \_\_\_\_\_

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What specific changes did you notice? \_\_\_\_\_

**Stressors:**

*Please circle any of the following stressors that either you or a family have experienced, as well as the approximate date(s) surrounding their occurrence.*

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|--------------------------------------|----------------------------|
| Unemployment of a parent _____       | Hospitalization _____      |
| Divorce of parent(s) _____           | Death of a loved one _____ |
| Physical Abuse _____                 | Sexual Abuse _____         |
| Emotional/Verbal Abuse _____         | Eviction from home _____   |
| Legal problem(s) _____               | Serious Illness _____      |
| A move or change of households _____ | Other(s) _____             |

Has your child ever had a terribly frightening experience in which he/she was in danger of being killed or badly hurt? \_\_\_\_\_ If so, please describe the experience:

\_\_\_\_\_  
\_\_\_\_\_

Please list any additional concerns below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_