

CHILD & ADOLESCENT INTAKE FORM

Date of Intake: _____

Child's Name: _____ Date of Birth: _____

Address: _____

Age: _____ School: _____ Phone: _____

Teacher: _____ Grade: _____

Names of Parents: _____

Best way to reach you (phone, email, etc.): _____

1. REASON FOR REFERRAL

Who referred you?

What do you perceive the problem to be?

2. BACKGROUND INFORMATION

A. General Background History

Name of Mother: _____

Education: _____

Profession: _____

Name of Father: _____

Education: _____

Profession: _____

List family members (siblings, other(s) living with child):

Relationship to child (age, gender, etc.): _____

B. Other Pertinent Background History

Parents' marital status? _____

If parents are not married, then:

Do you have a significant other? _____

Does s/he live with the family? _____

How do(es) the child(ren) get along with him/her?

If parents divorced or widowed:

When (how old was the child)? _____

Who has custody of the child? _____

Relationship with non-custodial parent: (How often does your child see him/her?)

C. Developmental History

Pregnancy with child:

Delivery and perinatal complications, if any?:

How was your child as a baby?

Developmental Milestones: (comment on any problems)

1. Motor _____

2. Language _____

D. Medical History

1. Hospitalizations?

2. Chronic Illnesses (e.g. asthma, diabetes, allergies, etc.)?

3. Allergies? _____

4. Other illnesses? _____

5. Accidents? If so, when and what happened?

Loss of consciousness? _____ For how long? _____

Medication History (past and present):

E. School Information

How does your child do in school academically?

What are your child's grades? _____

Special placement in school? _____

Has your child been evaluated in the past? _____

Reason for evaluation:

How does your child do in school behaviorally?

Does your child have a learning or physical disability? Yes No Maybe

Please specify: _____

Does your child have a mental health diagnosis? Yes No

Please specify: _____

F. Social Life

1. Does your child have many friends?

2. Does your child have problems socially? Please describe:

3. What kind of activities does your child do with her/his friends?

4. How does s/he get along with other children at school?

5. What does your child do for fun? (activities, hobbies, sports, etc.)

G. Other Relevant Information

Additional information that could help me understand your child better:

Briefly describe your goals for your child's therapy:

Thank you for taking the time to fill out this form

Caitlin R. Burgess, JD, MA, LMFT