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CHILD INTAKE FORM

Instructions: To assist me in helping your child/teenager, please fill out this form as fully and openly as possible and bring to their first session. All private information is held in strictest confidence within legal limits.

Today's Date: _____ Date of First Session: _____

Information supplied by: _____ Relationship: _____
(Last) (First) (MI)

Insured Person's Name _____ Date of Birth: _____
(Last) (First) (MI)

Personal History

1) Child's Name: _____ 2) Age: _____ 3) Gender: ___M ___F
(Last) (First) (Middle) Nickname: _____

4) Weight: _____ 5) Height: _____ 6) Eye color: _____ 7) Hair color: _____

8) Social Security Number: _____ Date of Birth: _____

9) Address _____
Street & Number City State Zip

10) Religion: _____ 11) Grade in School : _____

12) School Name: _____ 13) Home Phone: _____
Cell Phone : _____ Other Phone: _____

14) Has the child been involved in previous counseling?: _____ Yes _____ No
If Yes, please describe: _____

15) Why is the child coming to counseling now?: _____

16) How long has this problem persisted (from #15)?: _____

17) Under what conditions do the problems usually get worse?: _____

18) Under what conditions are the problems usually improved?: _____

Medical History

19) Name and Address of Primary Care Physician(s):

Physician's Name: _____

Address: _____

Street & Number City State Zip
Most Recent Physical Exam: _____ Results: _____

20) List any major illnesses and/or operations: _____

21) List any physical concerns occurring at present (e.g., high blood pressure, headaches, dizziness, etc.): _____

22) List any physical concerns (e.g., head trauma, seizures, etc.) experienced in the past: _____

23) On average, how many hours of sleep does the child receive daily?: _____

24) Does the child have trouble falling asleep at night? ____ Yes ____ No
If Yes, how long has this been a problem? _____

25) Describe the child's appetite (during the past week):
____ poor appetite ____ average appetite ____ large appetite

26) What medications (and dosages) are being taken at present, and for what purpose?: _____

Family History

27) Mother's age: _____ If deceased, how old was the child when she passed away?: _____

28) Father's age: _____ If deceased, how old was the child when he passed away?: _____

29) If parents are separated or divorced, how old was the child then?: _____

30) Number of brothers _____ Their ages _____

31) Number of sisters _____ Their ages _____

32) Child number _____ being in a family of _____ children.

33) Is the child adopted or raised with parents other than biological parents?: ____ Yes ____ No

34) Briefly describe the child's relationship with brothers and/or sisters:
Biological siblings: _____

Step and/or half siblings: _____

Other: _____

35) What is the family relationship between the child and his/her custodial parents?

Check all that apply:

- Single parent mother Single parent father Parents unmarried
 Parents married, together Parents divorced Parents separated
 With mother and stepfather With father and stepmother
 Child adopted Other, describe _____

36) Is there a history or recent occurrence(s) of child abuse to this child? Yes No

If Yes, which type(s) of abuse? Verbal Physical Sexual

Comments: _____

37) Parents' occupations: Mother _____ Father _____

38) Briefly describe the style of parenting used in the household: _____

Developmental History

39) Briefly describe any problems in the child's mother's pregnancy and/or childbirth:

40) Please fill in when the following developmental milestones took place:

<u>Behavior</u>	<u>Age began</u>	<u>Comments</u>
Walking	_____	_____
Talking	_____	_____
Toilet trained	_____	_____

41) List any drugs used by mother or father at time of conception, or by mother during pregnancy:

42) Please rate your opinion of the child's development (compared to others the same age) in the following areas:

	Below Average	About Average	Above Average
Social	_____	_____	_____
Physical	_____	_____	_____
Language	_____	_____	_____
Intellectual	_____	_____	_____
Emotional	_____	_____	_____

For each type of development that you rated above as *below* average, please describe current areas of concern. Be specific.

43) List what you consider to be the child's greatest strengths:

- 1) _____
 2) _____
 3) _____

44) List what you consider to be the child's greatest weaknesses or needed areas of improvement:

- 1) _____
 2) _____
 3) _____

45) List the child's main difficulties at school:

- 1) _____
 2) _____
 3) _____

46) List the child's main difficulties at home:

- 1) _____
 2) _____
 3) _____

47) Briefly describe the child's friendships: _____

48) What report card grades does the child usually receive?: _____
 Have these changed lately?: ____ Yes ____ No If Yes, how?: _____

49) Briefly describe the child's hobbies and interests: _____

50) Describe how the child is disciplined: _____

51) For what reasons is the child usually disciplined? _____

BEHAVIORS OF CONCERN

52) Please check how often the following behaviors occur. Those occurring FREQUENTLY or of special concern may be described on the next page.

- | | | | | |
|--------------------------------------|--------------------------------|---------------------------------|------------------------------------|-------------------------------------|
| 1) Loses temper easily | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 2) Argues with adults | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 3) Refuses adults' requests | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 4) Deliberately annoys people | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 5) Blames others for own mistakes | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 6) Easily annoyed by others | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 7) Angry/resentful | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 8) Spiteful/vindictive | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 9) Defiant | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 10) Bullies/teases others | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 11) Initiates fights | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 12) Uses a weapon | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 13) Physically cruel to people | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 14) Physically cruel to animals | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 15) Stealing | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 16) Forced sexual activity | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 17) Intentional arson | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 18) Burglary | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 19) "Cons" other people | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 20) Runs away from home | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 21) Truant at school | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 22) Doesn't pay attention to details | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 23) Several careless mistakes | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 24) Does not listen when spoken to | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 25) Doesn't finish chores/homework | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 26) Difficulty organizing tasks | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 27) Loses things | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 28) Easily distracted | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 29) Forgetful in daily activities | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 30) Fidgety/squirmy | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 31) Difficulty remaining seated | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 32) Runs/climbs around excessively | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 33) Difficulty playing quietly | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 34) Hyperactive | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 35) Difficulty awaiting turn | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 36) Interrupts others | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 37) Problems pronouncing words | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 38) Poor grades in school | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 39) Expelled from school | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 40) Drug abuse | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 41) Alcohol consumption | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 42) Depression | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 43) Shy/avoidant/withdrawn | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 44) Suicidal threats/attempts | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 45) Fatigued | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 46) Anxious/nervous | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 47) Excessive worrying | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 48) Sleep disturbance | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 49) Panic attacks | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 50) Mood shifts | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |

53) For each of the behaviors noted on the previous page as occurring FREQUENTLY, or if it causes significant impairment, write a brief description of how it impacts the child's or other people's lives. Give examples. Use the back of this page as needed.

<u>Behaviors of Concern</u>	<u>Impact on Child or Others</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

54) Briefly describe the child's ways of expressing the following emotions or behaviors:
ANGER: _____
HAPPINESS: _____
SADNESS: _____
ANXIETY: _____

55) List the child's behaviors that you would like to see changed: _____

56) What goals would you like the child to accomplish out of his/her time in therapy? _____

