Child/Adolescent Intake Form

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The purpose of this form is to gather basic information related to your child and their current functioning. During the intake session, I will be gathering more in-depth information from you related to your child's history and development. Please feel free to contact me at anytime if there is updated information to share about your child.

Date of appointment: _____ Time of appointment: _____

Client Name: _____ Age: _____ DOB: _____

Preferred Name/Nickname: _____

Gender: ☐ Male ☐ Female

Language(s) Spoken in the home: _____

Name of Person completing form: _____ Relationship to client: _____

Client's Current Address: _____

Primary Phone: _____ May we leave a message? ☐ Yes ☐ No

Email Address: _____ *May we email you? ☐ Yes ☐ No

*NOTE: Emails may not be confidential. Steps will be taken to protect privacy but please do not rely on email to convey confidential information.

Please list three EMERGENCY contacts:

Contact Person: _____ Relationship to Client: _____

Phone : _____

Contact Person: _____ Relationship to Client: _____

Phone: _____

Contact Person: _____ Relationship to Client: _____

Phone : _____

FAMILY COMPOSITION

Parent/Guardian: _____ Age: _____

Occupation: _____ Place of Employment: _____

Parent/Guardian: _____ Age: _____

Occupation: _____ Place of Employment: _____

Marital status Parent/Guardian: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Domestic Partnership

What else do you feel/believe would be helpful, or important for me to know/understand about your child's relationships with his/her family or about his/her family members?

_____

_____

_____

Please list the names, ages, relationships and other relevant information regarding all immediate family members whether living-in-or outside the home. Please include all members currently residing in child's household.

Name	Age	Relationship to client	Living with child Yes ☐ No ☐

PRESENTING PROBLEM

PRESENTING PROBLEM: (Briefly describe the challenges which led to your decision to seek therapy services).

_____

_____

_____

How severe, on a scale of 1-10 (with 1 being the most severe), do you rate your child's presenting problems?

MOST SEVERE 1 2 3 4 5 6 7 8 9 10 LEAST SEVERE

How do you rate your child's current level of coping on a scale of 1 – 10 (with 1 being unable to cope)?

UNABLE 1 2 3 4 5 6 7 8 9 10 ABLE TO COPE

In general, how long has this problem(s) been causing your child distress? (please circle):

One week One month 1 – 6 Months 6 Months – 1 Year Greater than one year

PRESENTING PROBLEM CATEGORIZATION: (Please check all the symptoms causing concern, distress or impairment)

☐ Change in sleep patterns (please describe):

☐ Concentration (please describe):

☐ Change in appetite (please describe):

☐ Increased Anxiety (describe):

☐ Change in mood (describe):

☐ Behavioral Problems/Changes (describe):

☐ School Related Challenges (describe):

CURRENT FUNCTIONING

Do you have concerns about your child in the following areas? (circle all that apply)

Eating Hygiene/grooming Sleeping Activities/play Social/Relationships

If yes, please describe: _____

_____

_____

Please rate your child's personality/temperament (how they behave the majority of the time in each of the following areas on a scale from 1 to 7 by circling the number that best describes your child):

ENERGY/ACTIVITY LEVEL (how active is my child)?

Can sit still and listen for long periods of time of	1	2	3	4	5	6	7	**Can't sit still** and listen for long periods time

NEED FOR PHYSICAL ROUTINE (how much routine does my child need)?

Enjoys Routine; easily upset when day doesn't go as usual	1	2	3	4	5	6	7	Enjoys new; can go with it if plans change

MOOD (what is my child's mood most of the time)?

Anxious; usually frustrated and worried	1	2	3	4	5	6	7	**Calm**; usually relaxed
Happy; usually enjoys what he/she is doing	1	2	3	4	5	6	7	**Sad**; usually unhappy hard time having fun
Curious; usually eager to know something	1	2	3	4	5	6	7	**Timid;** usually not interested
Angry; easily frustrated and annoyed with others	1	2	3	4	5	6	7	**Calm**; usually composed and peaceful with others

INTENSITY (how strongly does my child express feelings, wants and opinions?)

Mild Reaction; calm and cooperative, easily pushed around by	1	2	3	4	5	6	7	**Strong Reaction**; may cry or yell over small things others

PERSISTENCE (can my child stick with and complete tasks)?

Will stick with something until done	1	2	3	4	5	6	7	**Gives up on tasks**; has trouble finishing tasks

SENSITIVITY TO SENSES (how sensitive is my child to light, smell, sounds and touch)?

No negative reaction to noise, lights, touch	1	2	3	4	5	6	7	**Strong Reaction** to noise, lights, touch

PERCEPTIVENESS (How aware is my child of feelings and emotions)?

Sympathetic to others; can use words to tell how he/she feels	1	2	3	4	5	6	7	**Unaware** of the feelings of others; unable to use words to describe feelings

ADAPTABILITY (How easily does my child accept changes)?

Often fearful; with new situations	1	2	3	4	5	6	7	**Will easily meet** and new accept new people and activities

ATTENTION SPAN/DISTRACTIBILITY (How well does my child pay attention)?

Stays focused on tasks until completed	1	2	3	4	5	6	7	**Easily sidetracked**; difficulty following directions

PARENTING YOUR CHILD

Describe parenting your child (e.g. challenging, easy): _____

_____

_____

_____

What do you enjoy about your child? _____

_____

_____

_____

What do you find most challenging in parenting your child? _____

_____

_____

_____

STRENGTHS/RESOURCES/SUPPORT

What limitations does your child/ family have (if any)?_____

_____

What strengths does your child/family have? _____

_____

What resources does your child have to help with your current problem? _____

_____

What experiences (past & present) will help you in improving the current situation? _____

_____

What are you (and your family) already doing to improve the current situation? _____

_____

What and who does your child depend on for support? _____

_____

What is are your child's current interests? _____

_____

CURRENT NEEDS/GOALS

What do you feel is your child's biggest need right now? _____

_____

What do you most hope to gain from coming to therapy? _____

_____

If you were to pick three goals to work on, what would they be?

Goal 1: _____

Goal 2: _____

Goal 3: _____

Signature: ______________________________ Date: ______________