

Intake Form for Child Clients

Child (Client) Name:

Today's Date:

Please complete the following form. If a section is irrelevant to your child or you feel uncomfortable filling it out, please just draw a slash ("/") or write, "NA." If you are uncertain regarding the answer to a section, please just write a question mark ("?").

Child (Client) Information	
Date of Birth	
Gender	
Address	
Cell Number (if applicable)	
May I leave a message at this number?	Yes No
Ethnicity/Cultural Origin	
Sexual Orientation (if applicable or known)	
Religious or Spiritual Affiliation	
Other Cultural Considerations	

Legal Guardian #1 Information	
Name	
Date of Birth	
Address (if differs from Child)	
Cell Number	
May I leave a message at this number?	Yes No
Ethnicity/Cultural Origin	
Sexual Orientation	
Religious or Spiritual Affiliation	
Other Cultural Considerations	
Relation to Child (please circle)	Biological Mother/Father Adoptive Mother/Father Foster Mother/Father Step-Mother/Father Other
Occupation	
Medical Diagnosis/Diagnoses	
Mental Health Diagnosis/Diagnoses	

Past or Present Drug or Alcohol Abuse	Yes	No
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Legal Guardian #2 Information		
Name		
Date of Birth		
Address (if differs from Child)		
Cell Number		
May I leave a message at this number?	Yes	No
Ethnicity/Cultural Origin		
Sexual Orientation		
Religious or Spiritual Affiliation		
Other Cultural Considerations		
Relation to Child (please circle)	Biological Father/Mother Foster Father/Mother	Adoptive Father/Mother Step-Father/Mother Other
Occupation		
Medical Diagnosis/Diagnoses		
Mental Health Diagnosis/Diagnoses		
Past or Present Drug or Alcohol Abuse	Yes	No

Parents'/Legal Guardians' Relational Status (please circle one):

Engaged/Married Dating Separated Divorced Widow/Widower

Who has legal custody of your child?

Who has physical custody of your child?

Is there an open Social Services Agency (SSA) case?

- If so, what is the reason for the open SSA case?

- Social Worker's Name:

- Social Worker's Phone Number:

Child School Information	
Present School Name	
Grade	
Teacher Name (if in elementary school)	
Guidance Counselor (if in middle or high school)	
Has your child ever been retained ('held back') a grade? If so, what grade?	
Has your child ever been assessed for an Individualized Education Program (IEP) or 504 Plan?	Yes No
Has your child ever qualified for an IEP or 504 Plan?	Yes No
If your child has qualified for an IEP or 504 Plan, when did the services commence (and end if relevant)?	
Reason for IEP or 504 Plan	
Has your child ever been tested for giftedness?	Yes No
Has your child ever been enrolled in a gifted program?	Yes No
Middle School Name (if in high school)	
Elementary School Name (if in middle or high school)	

Child Medical Health Information	
Medical Diagnosis/Diagnoses (such as asthma, allergies, epilepsy, diabetes, etc; please describe)	

Past or Present Injury (please describe)	
Date(s) of Injury	
Past or Present Surgeries (please describe)	
Date(s) of Surgeries	
Has your child been hospitalized for medical reasons?	Yes No
Date(s) of Medical Hospitalization	
Reason for Medical Hospitalization	
Past or Present Head Trauma/Injury (please describe)	
Date(s) of Head Trauma/Injury	
Past or Present Loss of Consciousness	Yes No
Date(s) of Loss of Consciousness	
Any Other Medical Trauma (please describe)	
Hearing Difficulties	Yes No

Vision Difficulties	Yes	No
PRESENT Medication (please include dosage)		
Reason for Present Medication		
Start Date of Present Medication		
Present Medication Prescriber		
Present Medication Prescriber Address		
Present Medication Prescriber Phone Number		
PAST Medication (please include dosage AND dates of use)		
Reason for Past Medication		
Past Medication Prescriber		
Primary Physician Name		
Primary Physician Address		
Primary Physician Phone Number		
Past or Present Drug Use	Yes	No

Past or Present Alcohol Use	Yes	No
Past or Present Drug Rehabilitation	Yes	No
Past or Present Speech Therapy	Yes	No
Past or Present Occupational Therapy	Yes	No
Past or Present Physical Therapy	Yes	No
Other Medical Treatment (please describe)		

Child Mental Health Information	
Past Mental Health Diagnosis/Diagnoses	
Reason for Seeking Mental Health Services in the Past	
Start Date of Past Mental Health Services	
End Date of Past Mental Health Services	
Past Mental Health Provider Name	
Reason for Ending Mental Health Services	

Past Psychiatric Hospitalization	Yes	No
Date(s) of Psychiatric Hospitalization		
Reason for Psychiatric Hospitalization		
Has your child completed psychological testing/assessment in the past?		
Dates of Psychological Testing/Assessment		
Reason for Psychological Testing/Assessment		
Name of Psychological Testing/Assessment Evaluator		
Outcome of Psychological Testing/Assessment		

Please explain your reason for seeking psychotherapeutic services for your child at this time.

When did the problem(s) start?

Is there a history of psychological or developmental disorders in the family (Autism Spectrum Disorder, Attention-Deficit/Hyperactivity Disorder, Schizophrenia, etc.)? If so, please describe.

Is there a history of drug or alcohol abuse in the family? If so, please describe.

Is your child experiencing suicidal ideation? If so, please describe.

Is your child experiencing homicidal ideation? If so, please describe.

Does your child self-harm (cut, burn, pick, choke, etc.)? If so, please describe.

Is your child seeing or hearing things that others do not? If so, please describe.

Has your child experienced abuse (sexual, physical, emotional, etc.) or neglect? If so, please describe.

Is your child **currently** experiencing abuse or neglect? If so, please describe.

Is your child physically aggressive with others? If so, please describe.

Child's Developmental Information	
Complications at Birth (please describe)	
Developmental Concerns or Delays (please describe)	
Age of First Smile	
Age of First Roll Over	
Age First Sat Unassisted	
Age Began Pointing to Desired Objects	
If breastfed, at what age did breastfeeding end?	
Age First Bottlefed	
Age Bottlefeeding Ended	
First Teeth	
Age First Slept Through the Night (6 Hours)	
Age First Recognized Immediate Family	

Age First Recognized Extended Family	
Age First Began to Crawl	
Age First Started Feeding Self	
Age First Started Pulling Self Up to Stand	
Age First Started Walking	
Age First Started Running	
Age Spoke First Words	
Language of First Words (i.e. Spanish, English, etc.)	
Age Spoke Full Sentences	
Age Acquired Second Language	
Age Entered Daycare	
Age Entered School (i.e. preschool or kindergarten)	
Who typically cared for/babysat your child prior to them entering daycare or school?	
Age Potty Trained (Urination)	
Age Potty Trained (Defecation)	

Child's Family Information	
Biological Sibling Name (s) and Dates(s) of Birth	
Half-Sibling Name(s) and Date(s) of Birth	
Step-Sibling Name(s) and Date(s) of Birth	
Step-Mother(s) Name(s) and Date(s) of Birth (if not legal guardian)	

Step-Father(s) Name(s) and Date(s) of Birth (if not legal guardian)	
Other Individuals Residing in the Home	

Child's Social Information	
Age First Began Developing Friends	
Initial Reaction to Peers Upon Entering School (please describe)	
Friend Status in Elementary School (please describe: i.e. frequently alone, 2-3 friends, various changes, etc.)	
Friend Status in Middle School (if in middle school or high school)	
Friend Status in High School (if in high school)	
Has your child ever been bullied? If so, please describe.	

Has your child ever bullied others? If so, please describe.	
Age First Began Demonstrating Romantic Interests	
Age First Began Dating	
Age Came Out as LGBTQ+ (if relevant)	
If your child identifies with the LGBTQ+ community, who is aware of their sexual orientation and/or gender identity?	
If your child identifies with the LGBTQ+ community, who did he/she first inform and how did the situation go?	

Child's Legal Information	
Incarcerations (please describe)	
Crime Involvement (please describe)	

Past or Present Probation	Yes No
Dates of Probation	
Reason for Probation	
Present Probation Officer Name	
Present Probation Officer Phone Number	
Past Probation Officer Name	
Past Probation Officer Phone Number	
Gang Involvement	Yes No
Conservatorship	Yes No
Conservator's Name	
Conservator's Phone Number	

Child's Employment Information	
Employment Status (i.e. unemployed, full-time, part-time, etc.)	
Employer	
Past Employers and Dates of Employment	