



MOUNTAINEER

PSYCHOLOGICAL SERVICES

CHILD INTAKE FORM

Name of Child: _____ Date: ____/____/____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Name of Parent/Guardian: _____

Address: _____

Telephone Numbers (Home/Work/Cell): _____

Behavioral Excesses:

What does your child currently do too often, too much, or at the wrong times that gets the into trouble? Please list all the behaviors you can think of.

Behavioral Deficits:

What does your child fail to do as often as you would like, as much as you would like, or when you would like? Please list all the behaviors that you can think of.

Behavioral Assets:

What does your child do that you like? What do they do that other people like?

Other Concerns:

Do you have other concerns about your child or your family that you have not yet mentioned?

Treatment Goals:

From the list of your child's behavior and your family concerns, what problem behaviors do you want to see change FIRST?

Family History:

The name of the child's biological parents and current ages.

Mother: _____ Age: _____ Father: _____ Age: _____

Who has legal guardianship of this child: _____

Who does the child currently live with: _____

Names	Ages	Relationship to child
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Parent's current marital status:

Date of their marriage: _____ Never married: _____ Separated for _____ years

Date of their divorce: _____ Number of years divorced: _____

Mother remarried _____ times. Dates: _____

Father remarried _____ times. Dates: _____

Mother involved with someone (name and length of time): _____

Father involved with someone (name and length of time): _____

Mother deceased for _____ years. Age of child at mother's death: _____

Father deceased for _____ years. Age of child at father's death: _____

Are there any current custody proceedings taking place? _____

If parents are sharing custody or if there is visitation, how much time does the child spend with each parent?

Mother: _____ Father: _____

If there is shared custody, does the child have a change in behavior when making transitions from one home to the other? If yes, please describe.

Who are your child's significant others **NOT** living with your child?

Names	Ages	Relationship to child
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How would you describe the emotional climate in your home?

_____ Outstanding home environment _____ Normal home environment _____ Chaotic home environment

_____ Witnessed physical/verbal/sexual abuse towards others _____ Experienced psychical/verbal/sexual abuse towards others

Does anyone in your child's family currently (or in the past) use any type of drug, tobacco or alcohol? Please describe.

Please describe any past counseling that your child has had.

What are some of the things that are currently stressful to your child and your family?

Is there a history of mental illness in your family? Who/Diagnosis?

Do other children in the family have behavioral or academic problems? Who?

Education History:

What school does your child attend? _____

Schools address: _____

Phone number: _____ Teacher's name: _____

Current grade: _____

What does your child's teacher say about him or her?

What other schools has your child attended?

Has your child ever had to repeat a grade? If so, which one(s)?

Has your child ever received special education services?

Has your child experienced any of the following problems at school?

____ Fighting ____ Lack of friends ____ Drug/Alcohol ____ Suspension

____ Learning disabilities ____ Poor Attendance ____ Detention ____ Gang Influence

____ Behavior Problems ____ Poor Grades ____ Incomplete homework ____ Bullying

____ Other:

Medical History:

What is the name of your child's medical doctor? _____

Date of your child's last medical examination: _____

What was the state of the mother's health during pregnancy?

____ Poor ____ Fair ____ Good ____ Excellent ____ Unknown

Any problems during pregnancy?

Did the child's mother use any of the following during pregnancy?

____ Tobacco ____ Alcohol ____ Recreational drugs ____ Prescription drugs

____ Over-the-counter medication ____ Supplements ____ Other:

How was your child's health in the first year?

____ Poor ____ Fair ____ Good ____ Excellent ____ Unknown

How would you describe your child's temperament?

Has your child experienced any of the following medical problems?

____ Serious accident ____ Hospitalization ____ Surgery ____ Head injury ____ High fever

____ Seizures ____ Eye/Ear problems ____ Meningitis ____ Asthma ____ Allergies ____ Other:

Describe your child's sleep pattern:

Please describe any past psychological testing that your child had. When/Where did they take place? Are the reports available?

Please list any current medical problem, diagnosis, physical handicaps, and medications taken on a regular basis:

Other History:

Has your child ever experienced abuse (physical, sexual or verbal)? What was their response? What response did the family take?

Has your child ever witnessed abuse (physical, sexual or verbal)? What was their response? What response did the family take?

Has your child ever made statement of wanting to hurt him/her self or seriously hurt someone else? Have they purposely hurt themselves or another person? If yes to either question, please describe the situation.

Has your child ever experienced any serious emotional losses such as the death or physical separation from a parent or caretaker?

Has your child ever been in a car accident or experienced a situation that they were confronted by death or been a witness to an event where death did/could have occurred? If yes, when did it occur? Please describe any behavioral changes that occurred after the event.

Environment:

What are your child's favorite activities?

Does your child exercise regularly? How much and how often?

How many hours of TV does your child watch a week? _____

How many hours does your child play video games a week? _____

Is your child exposed to violence/frightening images via TV, video games, movies, etc.? If yes, how often?

Is there anything else that you feel is important that has not been covered?

Thank you for taking the time to provide a history about your child!