Child/Adolescent Clinical Intake

Today's Date_____

Child's Name_____ Preferred Name/Nickname:_____
Address_____
City_____ State_____ Zip_____
Birth Date_____ Age _____ Sex _____
School_____ Grade_____
Name of person completing this form_____

Mother's Name:_____ Mother's Preferred Phone#:_____
Mother's Address:_____

Father's Name:_____ Father's Preferred Phone#:_____
Father's Address:__ _____

Legal Guardian:_____ Relationship: _____
Preferred Phone #:_____
Address:_____

Emergency Information
In case of emergency, contact:
Name:_____ Relationship_____ Phone_____

Current concerns you have for your child:_____
_____
Has therapy been discussed prior to the appointment? ___Yes ___No
If yes, what was the child's reaction?_____

Goals: When my child has completed therapy they will…_____
_____

What are the <u>most important</u> skills you would like you and your child to build?

___Increase ability to cope with stressors
___Anxiety management
___Following directions
___Build confidence in skills and abilities
___Build parenting strategies
___Improve ability to accept "no"
___Improve social skills
___Increase ability to express feelings
___Conflict resolution
___Build self-esteem
___Problem solving skills
___Improve mood
___Improve ability to cope with change
___Improve cooperation with rules
___Ability to more appropriately express anger/frustration
___Having appropriate boundaries with others
Other:_____

<u>Strengths</u>

___Good at reading	___Good at math	___Confident	___Caring
___Tries hard at school	___Organized	___Wise	___Athletic
___Enthusiastic	___Good friend	___Helpful	___Nature enthusiast
___Trustworthy	___Positive	___Observant	___Considerate
___Good listener	___Adventurous	___Independent	___Appreciative
___Creative	___Good with animals	___Other:_____	

Current Activities or Interests:_____
_____
_____

FAMILY IDENTIFICATION AND HISTORY

Please name each person (including parents, stepparents, adoptive parents, or full, half, or step-siblings) **CURRENTLY** living in the same household as this child:

Primary Household

Name	Relationship to child	Age	Grade or Occupation	Quality of Relationship

Secondary Household (if applicable)

Name	Relationship to child	Age	Grade or Occupation	Quality of Relationship

Does your child have any siblings that do not live with them in either household? ☐ No ☐ Yes

If co-parenting, what is the legal arrangement? ____ Parents share physical and legal custody
___ Mother has full physical/shared legal ___ Father has full physical/shared legal
___ Mother has full custody ___ Father has full custody

Current Parenting Schedule if shared custody: _____

Child's Cultural Identity (sense of belonging to a nationality or ethnicity):_____

Biological Mother's Family History: Age_____ Employment_____
school: Highest grade completed_____ Marriages_____
alcohol/drug abuse: ___self __mother __father __sister __brother
significant depression: ___self __mother __father __sister __brother
significant anxiety*:* ___self __mother __father __sister __brother
other known mental illness in the family:_____
suicide or suicide attempts: ___self __mother __father __sister __brother
anger problems*:* ___self __mother __father __sister __brother
learning disability: ___self __mother __father __sister __brother
Has mother ever experienced ___Physical Abuse ____Sexual Abuse ___Emotional Abuse

Biological Father's Family History: Age_____ Employment_____
school: Highest grade completed_____ Marriages_____
alcohol/drug abuse: ___self __mother __father __sister __brother
significant depression: ___self __mother __father __sister __brother
significant anxiety*:* ___self __mother __father __sister __brother
other known mental illnesses in the family:_____
suicide or suicide attempts*:* ___self __mother __father __sister __brother
anger problems*:* ___self __mother __father __sister __brother
learning disability: ___self __mother __father __sister __brother
Has father ever experienced ___Physical Abuse ___Sexual Abuse ___Emotional Abuse

Has your child ever *witnessed* abuse?
☐ No ☐ Yes ☐ Emotional ☐ Verbal ☐ Physical
If yes, by whom:_____

Has your child ever *experienced* abuse?
☐ No ☐ Yes ☐ Emotional ☐ Verbal ☐ Physical ☐ Sexual
If yes, by whom:_____

Life Stressors (Please note any life stressors that are ***currently*** impacting your child):

____Moved
____Harassment or bullying
____Family financial stressors
____Parent starting work outside the home
____Divorce or separation
____Absent/unavailable parent
____Parental conflict
____Family violence
____Death of a family member or friend
____Changed school
____Serious illness or injury in the family
____Job change in the family
____Support group deficit
____Sibling leaving home
____Educational struggles
____Housing inadequate
____Sibling conflict, beyond what would be expected

DEVELOPMENTAL HISTORY

Prenatal events:
Check: Planned pregnancy____ Unplanned pregnancy____
Pregnancy complications: ☐ bleeding ☐ gestational diabetes ☐ preeclampsia ☐ hyperemesis
☐ bed rest ☐ morning sickness ☐ placenta previa ☐ low amniotic fluid ☐ placental abruption
☐ other_____

Is child adopted? ____Yes

Birth and Postnatal period:
Delivery: Full-term_____ Premature_____ Planned C-section_____
Emergency C-section_____ Induced_____
Any complications during delivery: _____
Post-delivery blues? _____ If yes, how long? _____

Motor Development: (rolling over, sitting up, walking, bike riding, fine and gross motor coordination):
___ within normal limits ___delayed ___received occupational therapy
Specific issues: _____

Language Development: (saying several words besides dada, mama by 1 year; naming several objects by 15 months; 3 words together – subject, verb, object by 24 months; articulation)
___ within normal limits ___delayed ___received speech therapy
Specific issues: _____

Early Social Development: (smiling, shy with strangers, ability to separate from parent, relationships with family members) ___within normal limits ___delayed
Specific issues: _____

Early emotional development (prior to age 5 years)**:**
Check: □ irritable □ happy □ cried excessively □ easily calmed □ content □ defiant

Early behavioral/discipline problems (prior to age 5 years)**:**

□ disobeyed	□ property destruction	□ stealing
□ rule breaking	□ fire setting	□ harming animals
□ physical harm to others	□ harm to self	□ lying

Toilet training:
age reached bowel control: day_____ night_____
age reached bladder control: day_____ night_____
current concerns, if any: _____

Methods of discipline:
___Time outs ___Discussions ___Taking away items ___Spanking
___Yelling ___Grounding ___Taking away privileges
Other:_____
How frequently is discipline used or needed? _____

Sexual Development:
Do you have any questions or concerns regarding your child's sexual development?: __Y __N
If yes, please describe your question/concerns:_____
_____
If female, has your child begun their monthly periods? ___Yes ___No
If yes, at what age did her period begin?_____
Does your child experience any significant mood swings related to her period? ___Yes ___No
Has your child sought any sexual information from you? ___Yes ____No
If yes, please describe the nature of the questions, and the manner in which they were handled:_____
_____
Has your child ever engaged in concerning or inappropriate sexual behaviors such as:
___inappropriate sexual talk ___excessive masturbation ___touching others inappropriately
___exposing themselves ___inappropriate boundaries ___highly sexualized behavior/play
___excessive interest in sexual matters ___attempting to see others naked
___utilizing Internet pornography ___using other forms of pornography
Is your child sexually active? ___Yes ___No ___ Don't Know
Do you have any concerns that your child is addicted to pornography? ___Yes ___No

Educational History:
Number of schools attended_____ Grades repeated_____
Average grades_____ ☐ satisfactory ☐ unsatisfactory ☐ above average ☐ average ☐ below average

Homework problems: ☐ None ☐ Refuses ☐ Procrastinates ☐ Completes but does not turn in
☐ Struggles to focus ☐ Meltdowns around homework
Any specific learning disabilities:_____
Special services child receives (Title I, Special Ed, etc..):_____
Academic strengths in school:_____
What have teachers said about the child/teen_____

Social History:
My child has: ☐ a lot of friends ☐ no friends ☐ some friends ☐ difficulty making friends
☐ difficulty keeping friends ☐ makes poor choices in friends ☐ has online friends

Child's Legal History:
Does your child have a history of any legal charges? ___No ___Yes
If yes, please describe:_____
Is child currently on probation? __No ___Yes
If yes, name of probation officer and county:_____

Spirituality:
Does your family have a religious preference? ___Yes ___No Preference:_____
Are your spiritual beliefs an important part of your family life? ___Yes ___No ____Somewhat

Childhood Health Issues

Health Issues	Yes	No	Unknown	If yes, what age?	If yes, still occurring?
Seizures					
Appetite Problems					
Head injury					
Asthma					
Trouble hearing/chronic ear infections					
Trouble with vision					
Other serious illness					
Hospitalizations					
Surgery					
Constipation issues					

Is your child currently under the care of a doctor/health provider? ___No ___Yes
If yes, Name: _____ Clinic: _____
Describe your child's current physical health: ___Excellent ___Good ___Fair ___Poor

Current medical diagnosis or concerns? _____

Any known allergies:_____

What medications is your child currently taking, if any?
Medication_____ Dose: _____
Medication_____ Dose: _____
Medication_____ Dose: _____

Is your child currently under the care of a psychiatrist? ___No ___Yes
If yes, Name:_____Clinic:_____

Has child/adolescent ever been hospitalized for mental health issues or suicidal thoughts?
___No ____Yes/Facility:_____ Date: _____

Has your child participated in therapy (group, individual, family) previously? __Yes __No
If yes, what clinic or provider did your child see? _____
_____

Current Symptoms

When reviewing these symptoms, please mark only those behaviors that are occurring more often or more intensely than you would typically see at your child's stage of development.

Group A

___Persistently sad or unhappy
___Low self-esteem
___Loss of interest in things previously enjoyed
___Anger and rage
___Recurrent thoughts of death
___Socially isolating/avoiding others
___Grades have dropped
___Irritable
___Feelings of worthlessness
___Difficulty concentrating
___Suicidal comments
___Engaging in self-harming behavior
___Crying easily/frequently
___Loneliness
___ Headaches, stomachaches, etc. without cause
Changes in appetite: ___Increase ___Decrease
Changes in sleep pattern: ___trouble falling asleep ___trouble staying asleep __sleeping a lot
Changes in activity level: ___low energy ___more restless than usual

Group B

___abrupt, rapid mood swings
___excessive talkativeness
___decreased need for sleep
___engaging in risky behaviors
___periods of extreme hyperactivity
___exaggerated ideas about self or abilities
___racing thoughts
___severe and persistent irritability nearly every day
___prolonged, explosive temper tantrums or rages that are out of the range of normal for their developmental level

Group C

___excessive anxiety and worry
___child has a hard time turning off worries
___restlessness
___muscle tension
___irritability
___need for perfection
___test anxiety
___difficulty concentrating
___excessive shyness
___easily fatigued
___difficulty sleeping
___lacks confidence in abilities
___intense distress when separating from parent figure
___nightmares involving theme of separation
___refusal to go to school because of fear of separation
___persistent worry about something bad happening to a parent figure
___persistent fear of a life event separating the child from the parent
___persistent fear or reluctance of being alone or without parent figure
___refusal to go to sleep without parent figure nearby
___complaints of physical symptoms (headaches, stomachaches, nausea, diarrhea)
___excessive and unreasonable fear of an object or situation: ___getting shots ___vomiting
___seeing blood ____bugs ____dark ___other:_____

___compulsive behaviors: ___counting ___hoarding ___checking ___organizing
___hand washing ___repeating words ___other:_____
___obsessive thoughts, impulses or mental images that cause the child significant distress or anxiety
___recurrent skin picking, resulting in sores
___recurrent pulling out of one's own hair, eyelashes, or eyebrows, resulting in hair loss

Group D

___often fidgets with hands or feet, or squirms in seat
___often leaves seat in situations in which remaining seated is expected
___running or climbing in situations where that is inappropriate
___blurts out answers to questions before they have been completed
___talks excessively
___often interrupts or "butts in" to others' games
___often has difficulty waiting in line or taking turns
___difficulty playing quietly
___very restless, as if "driven by a motor"
___easily distracted
___does not seem to listen
___tendency to seek instant gratification
___often loses things necessary for tasks or activities (school assignments, pencils, books)
___seems disorganized, loses things needed for school
___act without considering the consequences
___is often forgetful in daily activities
___makes careless mistakes on schoolwork or other activities/fails to pay attention to details
___often does not follow through on instructions

Group E

___often loses temper
___often refuses to follow rules or adults' requests
___often deliberately does things to annoy others
___often blames others for mistakes/misbehavior
___often argues with parents or teachers
___is often angry or resentful
___is often spiteful or vindictive
___is often touchy; easily annoyed by others

Group F

___often bullies, threatens or intimidate others
___skips school
___has deliberately destroyed others' property
___has been physically cruel to other people
___sets fires/dangerous play with fire
___has broken into someone else's house or car
___has stolen while confronting the victim
___has stolen small items without confronting the victim
___often stays out late at night without permission before the age of 13
___often lies or "cons" others
___is cruel to animals
___often starts physical fights
___doesn't seem sorry for hurting others
___has forced someone into sexual activity
___runs away overnight

Group G

___alcohol use
___drug use
___smoking/vaping

Group H

___recurrent and upsetting thoughts of a past traumatic event_____
___recurrent distressing dreams of a past upsetting event
___a sense of reliving a past upsetting event
___a sense of panic or fear to events that resemble an upsetting past event
___spending effort avoiding thoughts or feelings associated with a past trauma
___inability to recall an important aspect of a past upsetting event
___persistent avoidance of activities or situations that cause him/her to remember a past upsetting event
___marked decreased interest in important activities
___feeling detached or distant from others
___feeling numb or restricted in your feelings
___feeling that his/her future is shortened
___quick startle response
___feeling like he/she is always watching for bad things to happen
___when recalling the trauma the child tends to put the events in the wrong sequence of when things happened
___child believes that there were warning signs predicting the trauma and that if they are aware enough they can recognize warning signs to avoid future trauma.
___compulsively re-enacts some part of the traumatic experience through play

Group I

__poor use of nonverbal behaviors (such as eye-to-eye gaze, facial expression, body postures and gestures to regulate social interactions)
__failure to develop peer relationships
__lack of showing, bringing, or pointing out objects of interest to other people
__lack of social or emotional exchanges with others
__regularly gets overwhelmed or upset when their routines or expectations are disrupted
__hand or finger flapping or twisting
__difficulty identifying when someone is teasing
__fails to predict likely consequences in social situations
__difficulty making believe or pretending
__talks about a single subject excessively (e.g.: dinosaurs, computers, fire trucks, a game, etc..)
__shows an intense, obsessive interest in certain intellectual subjects
__unaware of, or insensitive to the needs or feelings of others
__demonstrates bizarre or unusual forms of behavior
__preoccupation with specific subjects or parts of objects
__expresses feelings of empathy inappropriately
__seems unaware of social norms or codes of conduct
__becomes frustrated quickly when unsure of what is required
__displays clumsy and uncoordinated gross motor movements

Group J

___restriction of food intake that leads to a less than normal body weight
___intense fear of gaining weight or of becoming fat event though at a significantly low weight
___engaging in persistent behaviors that interfere with weight gain
___persistent over concern with body shape and weight
___lack of recognition of the seriousness of the current low body weight
___recurrent episodes of binge eating large amount of food
___eating, in a certain time frame, definitely larger amounts of food than most people would eat in the same time
___a sense of lack of control over eating during the episode
___engaging in self-induced vomiting
___the misuse of laxatives, water pills, strict dieting or excessive exercise

Group K
Is your child currently experiencing any gender identity dysphoria? ☐ No ☐ Yes

Group L
Do you have concerns that your child has an addiction to their phone, the Internet, or video gaming?
☐ No ☐ Yes