

# 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 most important skills you would like you and your child to build?

- |  |   |
|--|---|
| <input type="checkbox"/> Increase ability to cope with stressors                 | <input type="checkbox"/> Increase ability to express feelings |
| <input type="checkbox"/> Anxiety management                                      | <input type="checkbox"/> Conflict resolution                  |
| <input type="checkbox"/> Following directions                                    | <input type="checkbox"/> Build self-esteem                    |
| <input type="checkbox"/> Build confidence in skills and abilities                | <input type="checkbox"/> Problem solving skills               |
| <input type="checkbox"/> Build parenting strategies                              | <input type="checkbox"/> Improve mood                         |
| <input type="checkbox"/> Improve ability to accept "no"                          | <input type="checkbox"/> Improve ability to cope with change  |
| <input type="checkbox"/> Improve social skills                                   | <input type="checkbox"/> Improve cooperation with rules       |
| <input type="checkbox"/> Ability to more appropriately express anger/frustration |   |
| <input type="checkbox"/> Having appropriate boundaries with others               |   |
| Other: _____   |   |

### Strengths

☐ 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

**Please list any additional siblings the child has that do not live with them in the home:**

\_\_\_\_\_  
\_\_\_\_\_

**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	___Changed school
___Harassment or bullying	___Serious illness or injury in the family
___Family financial stressors	___Job change in the family
___Parent starting work outside the home	___Support group deficit
___Divorce or separation	___Sibling leaving home
___Absent/unavailable parent	___Educational struggles
___Parental conflict	___Housing inadequate
___Family violence	___Sibling conflict, beyond what would be expected
___Death of a family member or friend	

## 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):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> disobeyed               | <input type="checkbox"/> property destruction | <input type="checkbox"/> stealing        |
| <input type="checkbox"/> rule breaking           | <input type="checkbox"/> fire setting         | <input type="checkbox"/> harming animals |
| <input type="checkbox"/> physical harm to others | <input type="checkbox"/> harm to self         | <input type="checkbox"/> 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

\_\_\_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

\_\_\_Irritable

\_\_\_Feelings of worthlessness

\_\_\_Difficulty concentrating

\_\_\_Suicidal comments

\_\_\_Engaging in self-harming behavior

\_\_\_Crying easily/frequently

\_\_\_Loneliness

### **Group B**

\_\_\_abrupt, rapid mood swings

\_\_\_excessive talkativeness

\_\_\_decreased need for sleep

\_\_\_engaging in risky behaviors

\_\_\_prolonged, explosive temper tantrums or rages that are out of the range of normal for their developmental level

\_\_\_periods of extreme hyperactivity

\_\_\_exaggerated ideas about self or abilities

\_\_\_racing thoughts

\_\_\_severe and persistent irritability nearly every day

### **Group C**

- ☐ excessive anxiety and worry
- ☐ child has a hard time turning off worries
- ☐ restlessness
- ☐ muscle tension
- ☐ irritability
- ☐ need for perfection
- ☐ 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 even 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