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INITIAL CLINICAL CHILD INTAKE

IDENTIFICATION:

Name of Child:_____ Sex: Male Female DOB:_____
Place of Birth:_____ Age:_____ Telephone:_____
Religion:_____ Education (Grade):_____ Present School:_____
Referral Source:_____

PRIMARY CONCERNS: (Please check all that apply.)

- ❑ Very unhappy
- ❑ Impulsive
- ❑ Fire setting
- ❑ Irritable
- ❑ Stubborn
- ❑ Stealing
- ❑ Temper outbursts
- ❑ Disobedient
- ❑ Lying
- ❑ Withdrawn
- ❑ Infantile
- ❑ Sexual trouble
- ❑ Daydreaming
- ❑ Mean to others
- ❑ School performance
- ❑ Fearful
- ❑ Destructive
- ❑ Truancy
- ❑ Clumsy
- ❑ Trouble with the law
- ❑ Bed wetting
- ❑ Overactive
- ❑ Running away
- ❑ Soiled pants
- ❑ Slow
- ❑ Self-mutilating
- ❑ Eating problems
- ❑ Short attention span
- ❑ Head banging
- ❑ Sleeping problems
- ❑ Distractible
- ❑ Rocking
- ❑ Sickly
- ❑ Lacks initiative
- ❑ Shy
- ❑ Drug use
- ❑ Undependable
- ❑ Strange behavior
- ❑ Alcohol use
- ❑ Peer conflict
- ❑ Strange thoughts
- ❑ Suicide talk
- ❑ Phobic

How long have these problems occurred? (Number of weeks, months, years): _____
What happened that makes you seek help at this time? _____
_____
Problems perceived to be: ❑ very serious ❑ serious ❑ not serious
What are your expectations of your child? _____
_____
What changes would you like to see in your child? _____
What changes would you like to see in yourself? _____
_____
What changes would you like to see in your family? _____
_____

PSYCHOSOCIAL HISTORY:

Mother's relationship to the child is: ___natural parent ___step-parent ___relative ___adoptive parent
Occupation:_____ Education:_____
Birthplace:_____ Religion:_____
Birthdate:_____ Age:_____

Father's relationship to the child is: ___natural parent ___step-parent ___relative ___adoptive parent
Occupation:_____ Education:_____
Birthplace:_____ Religion:_____
Birthdate:_____ Age:_____

Marital History of Parents:

Natural Parents:

☐ married when?_________ ages ____ ____ ☐ divorced when?_________

☐ separated when?_________ ☐ deceased when?_______

Step-parents:

☐ married when?_________

If child is adopted:

Adoption Source:____________________

Reason and circumstances:____________________

Age when child first in home:____________________

Date of legal adoption:____________________

What has the child been told?____________________

Living Arrangements:

Number of moves in child's life ____

Present home: ☐ renting ☐ buying

☐ house ☐ apartment

Places	Dates

Does the child share a room with anyone? ☐ Yes ☐ No

If yes, with whom?____________________

If no, how long has he/she had own room?____________________

Was the child ever placed, boarded, or lived away from the family? ☐ Yes ☐ No

Explain:____________________

What are the major family stresses at the present time, if any?____________________

What are the sources of family income?____________________

Brother and sisters:

Name	Age	Sex	Present Grade	Living @ Home	Drug or Alcohol Use?	Treated for Drug or Alcohol abuse?
		☐ M ☐ F		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
		☐ M ☐ F		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
		☐ M ☐ F		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
		☐ M ☐ F		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
		☐ M ☐ F		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
		☐ M ☐ F		☐Yes ☐No	☐Yes ☐No	☐Yes ☐No

Please list all other extended family members by their relation to the patient who have drug and/or alcohol problems (legal or illegal), history of depression, self-destructive behavior, or legal problems.

Health of family members:

Name	Age	Sex	Relationship To Child	Type of Illness	When Occurred	Length of Illness
_____	_____	☐ M ☐ F	_____	_____	_____	_____
_____	_____	☐ M ☐ F	_____	_____	_____	_____
_____	_____	☐ M ☐ F	_____	_____	_____	_____
_____	_____	☐ M ☐ F	_____	_____	_____	_____

Does any member of the child's family have any problems with:
☐ reading ☐ spelling ☐ math ☐ speech If yes, please explain:_____
_____
Is there any history in the child's family of:
☐ mental retardation ☐ epilepsy ☐ birth defects ☐ schizophrenia If yes, please explain:_____
_____

CHILD HEALTH INFORMATION: (Please note all health problems the child has had or has now.)

	Age				
		☐ Convulsions	___	☐ Sinus Problems	___
☐ High Fevers	___	☐ Headaches	___	☐ Tonsils out	___
☐ Dental Problems	___	☐ Unconsciousness	___	☐ Heart Problems	___
☐ Pneumonia	___	☐ Stomach Problems	___	☐ Vision Problems	___
☐ Weight Problems	___	☐ Concussions	___	☐ Hyperactivity	___
☐ Flu	___	☐ Accident Prone	___	☐ Hearing Problems	___
☐ Allergies	___	☐ Head injury	___	☐ Other illnesses, etc.	___
☐ Encephalitis	___	☐ Anemia	___	☐ Earaches	___
☐ Skin Problems	___	☐ Fainting	___	(Explain)_____	
☐ Meningitis	___	☐ High or low blood pressure	___	_____	
☐ Asthma	___	☐ Dizziness	___	_____	

Has the child ever been hospitalized? ☐ Yes ☐ No
If yes, please explain: Age_____ How long?_____ Reason:_____
Has the child ever seen a medical specialist? ☐ Yes ☐ No
If yes, please explain: Age_____ How long?_____ Reason:_____
Has the child ever taken, or is he/she taking presently any prescribed medications? ☐ Yes ☐ No
If yes, please explain: Age_____ How long?_____ Reason:_____
Name of Primary Care Physician: _____

DEVELOPMENTAL HISTORY:

Prenatal:
Child wanted? ☐ Yes ☐ No Planned for? ☐ Yes ☐ No Normal pregnancy? ☐ Yes ☐ No
If mother was ill or upset during pregnancy, explain: _____
Length of pregnancy: _____
Parental support and acceptance? _____

Birth:
Length of active labor: ___hours ☐ Easy ☐ Difficult Full Term? ☐ Yes ☐ No
If premature, how early?_____ If overdue, how late?_____
Birth weight: ___lb. ___oz.
Type of delivery: ☐ spontaneous ☐ cesarean ☐ with instruments ☐ head first ☐breech
Was it necessary to give the infant oxygen? ☐ Yes ☐ No If yes, how long?_____
Did infant require a blood transfusion? ☐ Yes ☐ No
Did infant require an X-ray? ☐ Yes ☐ No

Physical condition of infant at birth: (If yes, please explain)
Anorexia ❑ Yes ❑ No Trauma ❑ Yes ❑ No
Other complications ❑ Yes ❑ No _____
Did mother abuse alcohol/drugs during pregnancy? ❑ Yes ❑ No

New born period:

Irritability	❑ Yes ❑ No	Convulsions/ twitching	❑ Yes ❑ No
Vomiting	❑ Yes ❑ No	Colic	❑ Yes ❑ No
Difficulty breathing	❑ Yes ❑ No	Normal weight gain	❑ Yes ❑ No
Difficulty sleeping	❑ Yes ❑ No	Breast fed	❑ Yes ❑ No

DEVELOPMENTAL MILESTONES:

Age at which child:
Sat up_____ Sentences_____
Crawled_____ Bladder trained_____
Walked_____ Bowel trained_____
Spoke single words_____ Weaned_____
Describe the manner in which toilet training was accomplished: _____
_____

EARLY SOCIAL DEVELOPMENT:

Relationship to siblings and peers:
❑ Individual play ❑ Competitive ❑ Cooperative
❑ Group play ❑ Leadership role ❑ Follower

Describe special habits, fears, or idiosyncrasies of the child: _____
_____
_____

EDUCATIONAL HISTORY:

Name of School	City, State	Date Started	Date Ended/Grade Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Type of classes:
❑ regular ❑ continuation ❑ opportunity
❑ learning disability ❑ emotionally handicapped ❑ other

Did child skip a grade? ❑ Yes ❑ No Repeat a grade? ❑ Yes ❑ No
If yes, when and how many years appropriate grade level at present time? _____
Did child have any specific learning difficulties? ❑ Yes ❑ No
Has child ever had a tutor or other special help with school work? ❑ Yes ❑ No
Does child attend school on a regular basis? ❑ Yes ❑ No
Does child appear motivated for school? ❑ Yes ❑ No
Has child ever been suspended or expelled? ❑ Yes ❑ No
Highest grade on last report card?_____ Lowest grade on last report card?_____
Favorite subject?_____ Least favorite subject?_____
Does child participate in extracurricular activities? ❑ Yes ❑ No
In school, how many friends does the child have? ❑ Many ❑ Few ❑ None

What are the child's educational aspirations? ❑ quit school ❑ graduate from high school ❑ go to college
Has the child had any special testing in school? Psychological? ❑ Yes ❑ No Vocational? ❑ Yes ❑ No
Please list the child's special interests, hobbies, and skills: _____

_____

_____

_____

Has the child ever had difficulty with the police? ❑ Yes ❑ No
If yes, please explain: _____
Has the child ever appeared in juvenile court? ❑ Yes ❑ No
If yes, please explain: _____
Has the child ever been on probation? ❑ Yes ❑ No
If yes: From _____ to _____. Reason: _____
Probation Officer: _____

Has the child ever been employed? ❑ Yes ❑ No

Occupation	Employer	Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL COMMENTS:

_____

_____

_____

_____

_____