

Child/Adolescent Intake Form

Behavioral Concerns/Strengths

1. What does your child do too often, too much, or at the wrong times that you are concerned about or that gets your child into trouble?
2. What does your child fail to do as often as you would like, as much as you would like or when you would like?
3. What does your child do that you like? What does your child do that others like?
4. Do you have other concerns about your child or family that have not been mentioned yet?

Treatment Goals

From your preceding concerns, what problem behaviors do you want to see change FIRST, and how much change must you see for this to be satisfactory?

Background Information/Family Information

1. Who are the biological parents of your child?
2. Who has legal guardianship of your child?
3. Who are the household members living with your child? Please indicate names, age and relationship to your child.
4. Who are other significant others who are NOT living with your child?
5. Please describe any past counseling your child or other family members have had.
6. Does anyone in your family use or have used in the past any type of drug, tobacco/cannabis or alcohol?
7. Does anyone in your family suffer from chronic illness or mental illness?
8. What is the nature of family relationships? Is there a family member that your child is especially close to or that your child does not get along with?

Educational History

1. What school does your child attend?
2. What does your child's teacher say about him/her?
3. Other schools attended:
4. Has your child ever repeated a grade?
5. Does your child receive special education services or have a 504 plan?
6. Describe any problems that your child is having at school (fighting, disciplinary problems, friend problems, learning problems, incomplete homework, drug/alcohol use, attendance, behavior problems, poor grades, bullying, etc.)

Medical History

Child's Primary Care Physician and Contact Information:

1. Were there any problems with pregnancy, labor or delivery?
2. Does your child have any medical problems?
3. List any medications your child takes on a regular basis:
4. Has your child experienced any type of abuse (physical, sexual or verbal)?
5. Has your child ever made statements of wanting to hurt himself/herself or seriously hurt someone else?
6. Has your child ever experienced any serious emotional losses, such as death or physical separation from a parent or other caretaker? Please explain.

7. What are some things that are currently stressful to your child or family?