

Psychology Intake Information – Child

The following information will be utilized by your child's provider for assessment/treatment purposes. Please complete this form to the best of your ability.

Background Information

Name of Patient: _____

Gender: _____ Race & Ethnicity: _____

Child's Parents(s)/Guardian(s):

Name: _____ Age: _____ Relationship: _____

Biological Step Adoptive Foster/Guardian Other: _____

Name: _____ Age: _____ Relationship: _____

Biological Step Adoptive Foster/Guardian Other: _____

Who has legal custody of the child? _____

Treatment Needs

Please provide some information about your reasons for seeking therapy for your child. Please state symptoms, emotional concerns, sleep problems, school issues, relationship difficulties, and any additional information that may pertain to treatment.

Has your child had any significant changes occur in his/her life in the last year? If yes, please describe:

Do you have any concerns about your child harming him/herself or others? If yes, please explain:

Please feel free to share any information about your child's background that you would like your child's psychologist to know. This may include information about religion, spirituality, ethnicity, culture, or other areas that are important to you and you would like considered during your child's treatment.

Are there any accommodations that your child needs to be able to access services? If yes, please describe:

Medical History

Primary Care Physician: _____ Date of last physical exam: _____

In order to provide your child with the best possible treatment, it is recommended that we coordinate care with his/her primary care physician. If you are willing to provide consent for treatment coordination, please complete a release of information form.

_____ I am interested in coordinated care _____ I prefer to decline coordinated care at this time

Please describe any health problems or allergies that your child receives care for:

Has your child ever received prior treatment for mental health problems? If so, please list the diagnosis, when treatment occurred, name of provider, and what type of treatment was received (e.g., therapy, medication).

Please describe any concerns about your child's substance use or other addictive behaviors:

Is your child currently taking any medications? If so, please list medication and dose:

Has your child previously discontinued psychiatric medications? If so, please list the name of the medication and the reason for discontinuing:

Is there any family history of mental health problems, substance abuse, or chronic health problems (e.g., cardiac, diabetes, thyroid)? If so, please list:

Developmental History

Are you aware of any pregnancy/birth complications or delays in developmental milestones (crawling, walking, talking, etc.)? If so, please list:

Educational and Employment History

Please identify what school(s) your child attends/has attended:

What is the highest level of education that your child has completed: _____

Is your child in any special education or learning disabled classes? Y N

Is there a 504 plan or IEP? Y N If yes, please specify: _____

In a gifted or advanced program? Y N

Please summarize any employment, recreational, or volunteer activities that your child engages in:

Concerns or additional comments related to school, work, recreation, or volunteer activities:

Trauma History

Has your child ever experienced emotional abuse, physical abuse, sexual abuse/rape, neglect, domestic violence, terrorist acts, wartime trauma, motor vehicle accident, natural disasters, or a head injury? If yes, please specify:

Social History

Who is currently residing in your household? _____

Who are the primary support people in your child's life? _____

Please list the name, gender, and age of your child's siblings. If they do not reside in the home, please identify where they live.

Describe your child's interaction with his/her peers, siblings, and adults:

Is your family currently involved with Child Protective Services? Y N

If so, who is the caseworker? _____

Legal History

Does your child have a history of tickets/legal actions? If so, please specify the charge, date, and outcome:

Thank you for taking time to complete this questionnaire.

Name (please print) Date

Signature Relationship to Client