



Today's Date: \_\_\_\_\_

**CHILD INTAKE**

**IDENTIFYING INFORMATION**

Name: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_\_\_  
 Place of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Parent/Guardian Primary Phone \_\_\_\_\_ (alternate) \_\_\_\_\_ (alternate) \_\_\_\_\_  
 Parent email address (optional): \_\_\_\_\_  
 Child Ethnicity \_\_\_\_\_ Child Education level \_\_\_\_\_ School \_\_\_\_\_

**FAMILY INFORMATION**

Parental relationship status (*married, living together, separated, etc*): \_\_\_\_\_  
 If separated - Name of other parent: \_\_\_\_\_ Involvement: \_\_\_\_\_  
 Who are the adults in the home? \_\_\_\_\_ birth foster step adoptive  
 \_\_\_\_\_ birth foster step adoptive

Other children/siblings:  
 Name \_\_\_\_\_ age \_\_\_\_\_ sex \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other adults in the home:  
 Name \_\_\_\_\_ relationship to child \_\_\_\_\_ time living in home \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Emergency Contact Name/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Referral Source (*who referred you*) \_\_\_\_\_

**PRESENTING CONCERNS** Please identify below any concerning symptoms or behavior in your child

Very unhappy	Slow response	Stubborn	Self mutilate	Stealing	Stomachaches
Irritable	Short attention span	Headaches	Head banging	Lying	Eating problems
Temper outbursts	Distractible	Disobedient	Rocking	School problems	Poor health
Withdrawn	Lacks initiative	Infantile	Nightmares	Truancy	Drug use
Daydreaming	Undependable	Mean to others	Shy	Sexual trouble	Alcohol use
Fearful	Peer conflict	Destructive	Strange behavior	Sleep problems	Suicide talk
Clumsy	Phobic	Legal trouble	Strange thoughts	Bed wetting	other:
Overactive	Impulsive	Running away	Fire setting	Soiled pants	other:

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Child Health History** (birth, development, current health, health changes, medications, hospitalization, injuries, etc.)

Last physical/wellness visit: \_\_\_\_\_

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**School Information** (academic performance, peer relations, etc.)

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**Name strengths/talents/skills/interests of your child**

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**What are your top concerns at this time? How would your child's life be different if these were resolved?**

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**Clinical Notes/Initial Session:**