Mind Body & Soul Therapy
10737 Laurel St., Ste 135, Rancho Cucamonga CA 91730
909-303-0969-phone 909-481-5753-fax

Child Intake Form

Please provide the following information about your child:
Child's Full Name:____
Nick Name: ____
Birth Date: _____________________________ Today's Date: _____________________

Behavioral Excesses:
What does your child currently do too often, too much, or at the wrong times that get him/her/they in trouble? Please list all the behaviors you can think of.

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____
____
____

Behavioral Deficits:
What does your child fail to do as often as you would like, as much as you would like, or when you would like? Please list all the behaviors you can think of.

____
____
____
____

Behavioral Assets:
What does your child do that you like? What does he/she/they do that other people like?

____
____
____
____

Other Concerns:
Do you have any other concerns about your child or your family that you have not mentioned yet?

____
____
____
____

Treatment Goals:
From your preceding list of your child's behavior and your family concerns, what problem behaviors do you want to see change FIRST: and how much must they change for you to be satisfied with progress?

____
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____

____

Please provide the following information about your child:

Family History:

Mother:____

Father:____

Who has legal guardianship of your child?____

Who does the child currently live with?____

Names	**Age**	**Relationship to Child**
____________________________	______	____
____________________________	______	____
____________________________	______	____
____________________________	______	____
____________________________	______	____

Who are your child's significant others NOT living with your child?

Names	**Age**	**Relationship to Child**
____________________________	______	____
____________________________	______	____
____________________________	______	____
____________________________	______	____

Please describe any past counseling that either your child or any family member has had:

____

____

____

Does anyone in the child's family use currently (or in the past) any type of drug, tobacco, or alcohol? If yes, Please describe:____

____

Education History

What school does your child attend?____

Address:____ Phone:__________________________

Grade: ________________

What does your child's teacher say about him/her?____

____

____

Other schools attended (including pre-school)____

____

____

Has your child ever repeated a grade?__________ If so, which one(s)________________________________

Has your child received special education services?_______________________________________

____

Has your child experienced any behavioral or academic problems at school? ____________________
If so, what problems?____

____

Medical History:
What is the name of your child's medical doctor? ____
Address:____ Phone:__________________
Date of your child's last medical examination:____
Did the child's mother smoke tobacco or use any alcohol, drugs, or medications during the pregnancy?
______ If so, please list which ones:____

____

Did the child's mother have any problems during the pregnancy or at delivery?_____________ If so, please explain:____

____

Has your child experienced or been diagnosed with any medical problems?_______ If so, which ones?

____

____

____

Please list any medications your child takes on a regular basis:__________________________________

____

Other History:
Has your child ever experienced any type of abuse (physical, sexual, or verbal)? _____ If so, please describe: ____

____

Has your child made statements of wanting to hurt him/her self or seriously hurt someone else? _______
Has he/she ever purposely hurt himself or another? ______ If yes to either, please describe the situation:

____

____

Has your child ever experienced any serious emotional losses (such as a death or physical separation from a parent or other caretaker)? ____ If yes, please explain: ______________________________

____

Finally, what are some of the things that are currently stressful to your child and his/her family?_______

____

____

Mother's Signature____ Date____________________

Father's Signature____ Date____________________

Form Filled Out By:____
Relationship to Child:____