

## CHILD INTAKE

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

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### FAMILY HISTORY

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph # \_\_\_\_\_ Mom's #: (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Mom's email address \_\_\_\_\_

Father's Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Dad's #: (work) \_\_\_\_\_ Dad's cell: \_\_\_\_\_

Dad's email address: \_\_\_\_\_

Best way/time/place to contact you \_\_\_\_\_

Child is living with (circle one):

A) both natural parents or only living parent, B) divorced or separated natural parent (who and since when \_\_\_\_\_)

C) Father remarried (when) \_\_\_\_\_ D) Mother remarried (when) \_\_\_\_\_ E) Guardian (when) \_\_\_\_\_

F) Adopted -- Age at adoption: \_\_\_\_\_ Adoption date: \_\_\_\_\_

*If child living under conditions B, E, or F, I require a photocopy of the legal document stating this information (at least the cover page, page specifying conservator(s) and signature page). The photocopy should be stapled to this form.*

Recent Move? Yes [ ] No [ ]

Own room? Yes [ ] No [ ] Shares room with: \_\_\_\_\_

Pets? Yes [ ] No [ ] Describe: \_\_\_\_\_

Any negative experiences with animals? Yes [ ] No [ ]

Explain: \_\_\_\_\_

Any history of aggression or abuse toward animals? Yes [ ] No [ ] Explain:

\_\_\_\_\_

What do you do for fun as a family?

\_\_\_\_\_

Chores/responsibilities? Yes [ ] No [ ] List:

\_\_\_\_\_

Has child received previous counseling elsewhere? Yes \_\_\_\_ No \_\_\_\_

Previous counselor/agency \_\_\_\_\_

\_\_\_\_\_

(Name and address)

Phone #: \_\_\_\_\_ Dates of service: \_\_\_\_\_ (beginning – ending)

#### DEVELOPMENTAL HISTORY:

Was the pregnancy planned? Yes [ ] No [ ]

Describe any complications experienced during pregnancy

\_\_\_\_\_

\_\_\_\_\_

Describe any complications during birth & delivery

\_\_\_\_\_

\_\_\_\_\_

Child was born after \_\_\_\_\_ months pregnancy

Child was born \_\_\_\_\_ home \_\_\_\_\_ hospital \_\_\_\_\_ other

Child's birth weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz.

During the pregnancy, the mother's health was: \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

Were there any health problems or diseases during pregnancy? Yes [ ] No [ ] If so, describe:

\_\_\_\_\_

Condition of delivery: \_\_\_\_\_ fast \_\_\_\_\_ moderate \_\_\_\_\_ Caesarean \_\_\_\_\_ Instrument

(forceps)

Did child have any problems at birth? Yes [ ] No [ ] If yes, describe

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Any problems feeding? Yes [ ] No [ ] Age \_\_\_\_\_ Duration \_\_\_\_\_

Any problems eating? Yes [ ] No [ ] Describe

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Any problems sleeping? Yes [ ] No [ ] Describe

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Any problems with toilet training? Yes [ ] No [ ] Describe

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Any problems crying? Yes [ ] No [ ] Describe

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Have there been any physical or emotional separations (i.e. death, hospitalizations) between child and care taking adult during the first 26 months of life? Yes [ ] N [ ]

If yes, explain

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### Approximate Age he/she:

Held head up \_\_\_\_\_ Turned over \_\_\_\_\_ Sat \_\_\_\_\_ Pulled up \_\_\_\_\_ Crawled \_\_\_\_\_

Smiled at parents \_\_\_\_\_ Walked with help \_\_\_\_\_ Was weaned \_\_\_\_\_ Used sentences \_\_\_\_\_

Fed self \_\_\_\_\_ Helped dress self \_\_\_\_\_ Dressed alone \_\_\_\_\_ Dry during day \_\_\_\_\_

At night \_\_\_\_\_

### Is he/she:

Impulsive \_\_\_\_\_ Timid or shy \_\_\_\_\_ Right/left handed \_\_\_\_\_ Stubborn \_\_\_\_\_ Clumsy \_\_\_\_\_

Well coordinated \_\_\_\_\_ Affectionate \_\_\_\_\_

Any developmental testing? Yes [ ] No [ ]

Dates: \_\_\_\_\_ Place \_\_\_\_\_

Findings:

\_\_\_\_\_  
\_\_\_\_\_

List any special problems that might have caused stress for child

\_\_\_\_\_  
\_\_\_\_\_

Any findings of disorder or mental delays through testing? Yes [ ] No [ ]

Dates: \_\_\_\_\_ Place: \_\_\_\_\_

Findings:

\_\_\_\_\_

## CHILD'S MEDICAL HISTORY

Medication? Yes [ ] No [ ] List:

\_\_\_\_\_

Allergies/chronic conditions? Yes [ ] No [ ] Describe:

\_\_\_\_\_

Any problems with health, disease, or serious injury? Yes [ ] No [ ] Describe

\_\_\_\_\_

Has child been hospitalized? Yes [ ] No [ ] Age when hospitalized \_\_\_\_\_

Reason \_\_\_\_\_

How long since last seen by doctor? \_\_\_\_\_

Is child presently taking medication? Yes [ ] No [ ] If so, type of medicine and dosage

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Does child have a vision problem? Yes [ ] No [ ] If yes, describe

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Does child have a hearing problem? Yes [ ] No [ ] If yes, describe

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Does child have a speech problem? Yes [ ] No [ ] If yes, describe

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Does child have convulsions or spells? Yes [ ] No [ ] If yes, explain

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Pediatrician: \_\_\_\_\_ Ph No. \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**Does child have any of the following:**

Animal allergies? Yes [ ] No [ ] Describe:

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Animal fears or phobias? Yes [ ] No [ ] Describe:

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Any trauma history? Yes [ ] No [ ] Describe:

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Anything else I should know?

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**SCHOOL INFORMATION** (Please fill in where appropriate)

Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Year Enrolled: \_\_\_\_\_ School Ph No. \_\_\_\_\_

**Has child been:** Tutored: Yes [ ] No [ ] In special class: Yes [ ] No [ ] Expelled Yes [ ] No [ ]

Suspended: Yes [ ] No [ ] Repeated a grade: Yes [ ] No [ ] Cut classes Yes [ ] No [ ]

**The school has said my child:** Is hyperactive Yes [ ] No [ ] Is bored Yes [ ] No [ ]

Procrastinates Yes [ ] No [ ]

Gets along well with adults? Yes [ ] No [ ]  
\_\_\_\_\_Gets along well with students? Yes [ ] No [ ]  
\_\_\_\_\_

Has few, or many, friends? Yes [ ] No [ ] \_\_\_\_\_

IQ above/below avg.? Yes [ ] No [ ]

**PARENT INTERVIEW**

	Name	Age	Relationship
Parents:	_____	_____	_____
	_____	_____	_____
Siblings:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Step	_____	_____	_____
	_____	_____	_____

Who wanted help? \_\_\_\_\_

Five adjectives describing mother:

\_\_\_\_\_

Five adjectives describing father:

\_\_\_\_\_

Five adjectives describing parental relationship:

\_\_\_\_\_

Who is Dad's favorite child? \_\_\_\_\_

What makes you think so?

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Who is Mom's favorite child? \_\_\_\_\_

What makes you think so?

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Who makes parenting decisions most often? \_\_\_\_\_

Who is more ambitious for child(ren)? \_\_\_\_\_

In what way? \_\_\_\_\_

Do you two disagree openly? Yes [ ] No [ ] About what? \_\_\_\_\_

Do you agree on child rearing methods? Yes [ ] No [ ] What method is used?

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### **Describe other influences on child**

Who has been important to child? \_\_\_\_\_ In what way?

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How does child stand out in the family? \_\_\_\_\_

What are the child's responsibilities?

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Does child have nightmares, dreams? Explain:

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**INFORMATION ON MOTHER**

Occupation: \_\_\_\_\_

Form of discipline used by mother:

\_\_\_\_\_

Is there a history of learning, emotional, or behavioral problems? Yes [ ] No [ ] (If yes, explain)

\_\_\_\_\_  
\_\_\_\_\_

Is there a history of substance abuse Yes? [ ] No [ ] If yes, explain

\_\_\_\_\_

Is there a history of family violence? Yes [ ] No [ ] If yes, explain

\_\_\_\_\_

Is there a history of criminal activity? Yes [ ] No [ ] If yes, explain

\_\_\_\_\_

Marital status: \_\_\_\_\_

**INFORMATION ON FATHER**

Occupation: \_\_\_\_\_

Form of discipline used by father:

\_\_\_\_\_

Is there a history of learning, emotional, or behavioral problems Yes [ ] No [ ] (If yes, explain)

\_\_\_\_\_  
\_\_\_\_\_

Is there a history of substance abuse Yes [ ☐ ] No [ ☐ ] If yes, explain

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Is there a history of family violence Yes [ ☐ ] No [ ☐ ] If yes, explain

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Is there a history of criminal activity Yes [ ☐ ] No [ ☐ ] If yes, explain

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Marital status: \_\_\_\_\_

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