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CHILD-TEEN INTAKE FORM
(TO BE COMPLETED BY PARENT)

Date_____ Referred by_____

Child's Name_____Sex_____Birthdate_____

Height_____ Weight _____Hair Color _____Eye Color_____

Parent's Name(s) _____ Telephone Number _____

Emergency Contact: Name _____ Telephone Number_____

A. **CURRENT BEHAVIORAL &/OR EMOTIONAL CONCERNS:**

1. Please describe briefly the behavior(s) displayed by your child that concern you and approximately when these behaviors started. (Please continue on back of this page if you need more space.)

2. Check any of the strategies below that you have used with your child to deal with these behaviors.

____Verbal reprimands
____Rewards
____Physical punishment
____Avoidance of Child
____Time out (isolation)
____Removal of Privileges
____Acquiescence to child
____Other (describe below)

3. On average, what percentage of the time does your child comply with initial request?_____

4. On average, what percentage of the time does your child eventually comply with your request?_____

5. Are you and your spouse consistent with respect to disciplinary strategies?_____

6. Have any of the following stressful events occured within the past year?

____Parents separated/divorced
____Family illness/accident
____Parent changed job
____Family financial problems
____Death in family
____Family moved
____Changed schools
____Other (specify below)

7. Check any of the following behaviors that are considered to be a significant problem at the current time.

____Fidgets
____Easily distracted
____Often loses things
____Often talks excessively
____Difficulty playing quietly
____Often engages in physically dangerous activities
____Difficulty remaining seated
____Difficulty awaiting turn
____Difficulty following instructions
____Difficulty sustaining attention
____Interrupts or intrudes on others
____Often blurts out answers to questions before they have been completed

At what age did these problems begin?_____

8. Are any of the following behaviors a significant problem at the present time? Check any that apply.

____Frequently angry/resentful
____Often loses temper
____Is spiteful or vindictive
____Often argues with adults
____Often actively defies adult request or openly breaks rules
____Deliberately does things to annoy others
____Often swears or uses obscene language
____Often blames others for own mistakes
____Often touchy or easily annoyed

What are did these behaviors begin?_____

9. Check any of the following behaviors you consider to be a significant problem at the present time.

____Often lies
____Cruel to animals
____Often truant
____Deliberate fire-setting
____Destroyed others' property
____Used a weapon in a fight
____Uses alcohol or drugs
____Stolen but not confronted about it
____Stolen with confrontation
____Breaking and entering
____Forced someone into sexual activity
____Often initiates physical fights
____Physically cruel to people
____Run away from home overnight at least twice

What age did these behaviors begin?_____

10. Check any behaviors below that are a significant problem.

____Somatic complaints
____Persistent refusal to go to school
____Persistent and unrealistic worry about possible harm to loved ones
____Unrealistic and persistent worry that a calamitous event will separate the child from loved ones
____Persistent refusal to sleep alone
____Persistent avoidance of being alone
____Repeated nightmares about separation from family
____Excessive distress in anticipation of being separated from loved ones
____Excessive distress when separated form home or loved ones

What age did these behaviors begin?_____

11. Check any of the following behaviors that are significant problems.

____Somatic complaints
____Marked self-consciousness
____Marked inability to relax
____Unrealistic concern about appropriateness of past behavior
____Unrealistic worry about future events
____Unrealistic concern about competence
____Excessive need for reassurance

When did these behaviors begin?_____

12. Check any of the following behaviors that are a problem at the current time.

____Depressed or irritable mood most of the day, nearly every day
____Decreased pleasure in normal activities
____Increased appetite
____Decreased appetite
____Insomnia or frequent waking up during the night
____Sleeping for longer periods or during the day
____Fatigue or loss of energy
____Feelings of worthlessness or excessive or inappropriate guilt
____Diminished ability to concentrate
____Difficulty in making decisions
____Suicidal ideation or attempt

When did these behaviors begin?_____

Have any of these behaviors persisted for a year or longer?_____

13. Check any of the following behaviors that are a problem at the current time.

____Wets bed at night
____Soils pants night or day
____Talks about sex acts
____Masturbates or imitates intercourse
____Complains of irritation or pain in genital area
____Wets pants during the day
____Seems self-conscious about his/her body
____Very interested in opposite sex
____Does not like to be home alone with certain family member or relative

14. Has your child exhibited any of the symptoms below? Check any that apply.

____Compulsive rituals
____Motor or vocal tics
____Loose thinking
____Incoherent speech
____Panic attacks
____Excessive clinging
____Strange aversions
____Speech abnormalities
____Self-mutilation
____Inappropriately initiates or terminates interactions
____Stereotyped mannerisms
____Excessive reaction to noise
____Bizarre ideas (delusions/hallucinations)
____Disoriented, confused, staring, 'spacey'
____Unusual fears
____Temper tantrums with little provocation
____Situational inappropriate emotions
____Little or no interest in peers
____Significantly indiscreet remarks
____Abnormal social behavior

B. DEVELOPMENTAL HISTORY

1. How was your health during pregnancy?_____

2. Mother's age at conception? _____Was pregnancy planned?_____

   Length of pregnancy? _____Weight gained?_____

3. Check any of the following substances or medications used during pregnancy.

____Alcohol including beer or wine
____Valium
____Treatment for diabetes
____Antibiotics
____Cigarettes
____Other (specify_____)
____Coffee or other caffeine
____Tranquilizers
____Antiseizure medications (e.g. Dilantin)
____Sleeping pills
____Marijuana
____Cocaine

4. Check any of the following conditions you had during pregnancy.

____Anemia	____Toxemia	____Rh incompatibility
____Measles	____German measles	____Flu or other virus
____Bleeding	____Cramping	____Early contractions
____Vomiting	____Kidney problems	____Threatened miscarriage
____Heart Disease	____Depression	____High blood pressure

5. What was duration of labor? _____Anesthesia used?_____

6. Was birth normal? _____breech _____Caesarian _____Forceps _____or induced_____

   Baby's Apgar score if known_____

7. Child's birth weight_____Length_____

8. Were there any birth defects or health complications following birth?_____

9. Check any conditions that existed during infancy.

____Bottle fed	____Fussy	____Poor weight gain
____Breast fed	____Hard to hold	____Seizures
____Breathing problems	____Irritable	____Sleep problems
____Bruises	____Never cried	____Sluggish
____Colicky	____Overly active	____Swallowing/sucking problems
____Difficult to mother	____Oversleepy	____Underactive
____Feeding problems		

10. Milestones: Indicate at what age your child did the following:

____Smile at parents	____Walk alone	____Tie own shoes
____Turn over	____Gain bladder control	____Say first word
____Sit alone	____Gain bowel control	____Use small sentences
____Crawl	____Dressed self	____Prefer right or left hand

C. **SCHOOL HISTORY**

Grade	School Attended – City	Average	Best Subject	Worst Subject	Adjustment

1. Check any of the following special educational programs your child has been involved in.

____Learning disabilities class	____Tutoring
____Behavioral/emotional disorders class	____Speech and Language treatment

2. Has your child been diagnosed as any of the following:

____Learning disabled	____Emotionally disturbed
____Attention deficit	____Hyperactive
____Developmentally delayed	____Language delayed
____Speech disorder	____Gifted

3. Has your child ever been:

____Suspended from school	____Retained in a grade
____Expelled from school	

D. **MEDICAL HISTORY**

1. Pediatrician or family physician_____

2. How would you describe your child's general health?

____Very good ____Good ____Fair ____Poor ____Very poor

3. Date of last medical exam_____

4. List of relevant information relating to last medical check-up.

5. Check any of the following illnesses your child has had.

____Chicken pox	____Measles	____Mumps
____Whooping cough	____Scarlet fever	____Pneumonia
____Encephalitis	____Lead poisoning	____Seizures
____Other diseases (please specify)		

6. Has your child had any accidents resulting in the following:

____Hospitalization	____Broken bones	____Severe lacerations
____Head injury	____Severe bruises	____Stomach pumped
____Eye injury	____Lost teeth	____Sutures
____Other (please specify)		

7. Has your child had surgery? If yes, please state what the surgery was for and the length of hospitalization.

8. Is there any suspicion of alcohol or drug use?_____

9. Is there any history of physical or sexual abuse?_____

10. Does your child have any chronic health problems (e.g. asthma, diabetes, heart condition)?

_____

11. Has your child ever been prescribed any of the following:

____Ritalin	____Dexedrine	____Anticonvulsants
____Cylert	____Tranquilizers	____Antihistamines
____Other (please specify)		

12. Is (s)he taking any medications at the present time?_____

13. Has your child ever had any of the following forms of psychological treatment?

____Individual counseling ____Group counseling ____Family counseling

____Inpatient evaluation ____Residential treatment ____ Psychological testing

A. If the answer is yes, please provide the following:

Dates	Provider	Purpose for Visit/ Treatment Received

E. **FAMILY AND SOCIAL HISTORY**

1. Is there a family history of any of the following? Please check all that apply.

____Neurological disease ____Drug abuse ____Allergies
____Learning problems ____Psychiatric disorder ____Asthma
____Mental retardation ____Seizures ____Alcoholism

2. Number of locations child has resided?_____ Length of time at current residence?_____

3. Marital history of Father. Father's name:_____

Dates Spouse Children's Names

_____to_____ _____ _____

_____to_____ _____ _____

_____to_____ _____ _____

4. Marital history of Mother. Mother's name:_____

Dates Spouse Children's Names

_____to_____ _____ _____

_____to_____ _____ _____

_____to_____ _____ _____

5. Please identify other children, if any, who live with you.

Name (of each child)	Age	Custodial Parent	Visitation schedule
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. How does your child get along with his/her brothers/sisters?

____Better than average ____Average ____Worse than average

7. How easily does your child make friends?

____Easier than average ____Average ____Worse than average ____Don't Know

F. **ON A POSITIVE NOTE**

1. What do you like best about your child?

2. What are your hopes and dreams for your child?

3. What do you consider to be his/her major strengths?

4. What do you consider to be areas where he/she is not so strong?