

Child Intake Form

Parent/Guardian to fill out pertaining to children 12 years and younger

General Information:

Child's Name: _____

Date of Birth: ____/____/____ Age: _____ Gender: _____

Your Name: _____ Relationship to the Child: _____

Address: _____

Phone Number (Day): _____ Phone Number (Evening): _____

Primary Care Physician: _____

Family Information:

Please list all of the significant parental figures involved in the child's life

Name	Age	Gender	Relationship to the Child	Highest Level of Education	Occupation

Marital Status of the child's biological parents:

Single / Married / Divorced / Remarried / Living Together

If married, date of marriage: _____

If divorced, date of divorce: _____

If biological parents are divorced, who has legal custody of the child?

Please describe the custody arrangements:

Number of previous marriages & length for mother: _____

Number of previous marriages & length for father: _____

Please list all of the child's siblings

Name	Age	Gender	Relationship to the Child	Currently Living in the Home?	Does this child have any behavior or emotional challenges? (Describe)
				YES NO	
				YES NO	
				YES NO	
				YES NO	

Developmental History:

Please list any difficulties that occurred during pregnancy or delivery:

Please describe any concerns related to your child's development:

Health:

Please list all major illnesses, injuries, surgeries, accidents, or other medical conditions that your child has experienced:

Dates	Incident	Treating Physician

Please list all mental health services that your child has received:

Dates	Reason	Therapist/Psychologist

Please list all psychological or psychiatric hospitalizations that your child has been to:

Dates	Reason	Hospital

To your knowledge, has your child ever had any of the following?

Diagnosis or Problem	Yes	No	Person who told you this and their position (eg., 3 rd grade teacher, physician). Do not include names.
Aggression	_____	_____	_____
Alternating Mania and Depression (Bipolar)	_____	_____	_____
Anxiety	_____	_____	_____
Attention Deficit Hyperactivity Disorder	_____	_____	_____
Autism	_____	_____	_____
Behavior or Discipline Problems at Home	_____	_____	_____
Behavior or Discipline Problems at School	_____	_____	_____
Conduct Disorder	_____	_____	_____
Depression	_____	_____	_____
Emotional Disturbance	_____	_____	_____
Hospitalized for Emotional Problems	_____	_____	_____
Jail or Probation Due to Problems w/ the Law	_____	_____	_____
Learning Disability or Dyslexia	_____	_____	_____
Learning Problems at School	_____	_____	_____
Mental Retardation	_____	_____	_____
Muscle Twitches or Motor Tics	_____	_____	_____
Nervous Breakdown	_____	_____	_____
Obsessive Thoughts or Compulsive Actions	_____	_____	_____
Oppositional Defiant Disorder	_____	_____	_____
Problems with Alcohol Use or Abuse	_____	_____	_____
Problems with Drug Use or Abuse	_____	_____	_____
Schizophrenia	_____	_____	_____
Suicide	_____	_____	_____
Tourette's Syndrome	_____	_____	_____
Trouble with the Law	_____	_____	_____
Other Psychological / Behavioral Problems*	_____	_____	_____

Please list any prescription medications that your child is currently taking:

Medication	Dosage	Reason Taken	# of times of day taken	# of days a week taken	Prescribing Physician
				School days 7 days As needed	
				School days 7 days As needed	
				School days 7 days As needed	
				School days 7 days As needed	

Please describe your child’s medication compliance:

Please describe any side effects from the medications:

Education:

School Name: _____

Your child's current grade in school: _____ Typical Grades: _____

Has your child ever been held back in school?

If so, please describe the circumstances:

Has your child ever been suspended or expelled?

If so, please describe the circumstances:

Has your child ever been tested for intellectual ability or had any other psychological testing?

If so, what was the most recent date of testing:

Please describe the results:

Does your child have a 504 Plan?

If so, please describe the nature of the accommodations:

Does your child receive special education services?

If so, please describe the nature of the services received:

Does your child's teacher have concerns about your child?

If so, please describe:

Is your child currently participating in a school/classroom intervention?

If so, please describe:

Please list any concerns that you have for your child related to school:

Current Reasons for Seeking Treatment:

Please describe the reasons that you are seeking treatment for your child at this time:

Please briefly describe the history of these concerns and list all factors that may trigger or intensify these concerns:

Please list the things that you have tried/done to help your child:

Please describe your child's strengths:

Parent DBD Rating Scale

Check the column that best describes this child.

Please write DK next to any items for which you don't know the answer.

	Not At All	Just A Little	Pretty Much	Very Much
1. often interrupts or intrudes on others (e.g., butts into conversations or games)				
2. has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)				
3. often argues with adults				
4. often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)				
5. often initiates physical fights with other members of his or her household				
6. has been physically cruel to people				
7. often talks excessively				
8. has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)				
9. is often easily distracted by extraneous stimuli				
10. often engages in physically dangerous activities without considering possible consequences (not for the purpose of thrill-seeking), e.g., runs into street without looking				
11. often truant from school, beginning before age 13 years				
12. often fidgets with hands or feet or squirms in seat				
13. is often spiteful or vindictive				
14. often swears or uses obscene language				
15. often blames others for his or her mistakes or misbehavior				
16. has deliberately destroyed others' property (other than by fire setting)				
17. often actively defies or refuses to comply with adults' requests or rules				
18. often does not seem to listen when spoken to directly				
19. often blurts out answers before questions have been completed				
20. often initiates physical fights with others who do not live in his or her household (e.g., peers at school or in the neighborhood)				
21. often shifts from one uncompleted activity to another				

	Not At All	Just A Little	Pretty Much	Very Much
22. often has difficulty playing or engaging in leisure activities quietly				
23. often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities				
24. is often angry and resentful				
25. often leaves seat in classroom or in other situations in which remaining seated is expected				
26. is often touchy or easily annoyed by others				
27. often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)				
28. often loses temper				
29. often has difficulty sustaining attention in tasks or play activities				
30. often has difficulty awaiting turn				
31. has forced someone into sexual activity				
32. often bullies, threatens, or intimidates others				
33. is often "on the go" or often acts as if "driven by a motor"				
34. often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)				
35. often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)				
36. has been physically cruel to animals				
37. often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)				
38. often stays out at night despite parental prohibitions, beginning before age 13 years				
39. often deliberately annoys people				
40. has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)				
41. has deliberately engaged in fire setting with the intention of causing serious damage				
42. often has difficulty organizing tasks and activities				
43. has broken into someone else's house, building, or car				
44. is often forgetful in daily activities				
45. has used a weapon that can cause serious physical harm to others				

Instructions: In the spaces below complete the rating at the end of each by marking an "X" on the lines at the points that describe how much your child's current challenges affect each area and *whether you need treatment or special services for the challenges.*

1a. How your child's challenges affect your relationship with friends.

No Problem Definitely does not need treatment or special services	_____	Extreme Problem Definitely needs treatment or special services
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1b. How your child's challenges affect his or her relationship with brothers or sisters
(if no siblings, check here _____ and skip to #2)

No Problem Definitely does not need treatment or special services	_____	Extreme Problem Definitely needs treatment or special services
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2. How your child's challenges affect your relationship with your parent(s).

No Problem Definitely does not need treatment or special services	_____	Extreme Problem Definitely needs treatment or special services
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3. How your child's challenges affect your academic progress at school

No Problem Definitely does not need treatment or special services	_____	Extreme Problem Definitely needs treatment or special services
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4. How your child's challenges affect your self-esteem

No Problem Definitely does not need treatment or special services	_____	Extreme Problem Definitely needs treatment or special services
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5. How your child's challenges affect your family in general

No Problem Definitely does not need treatment or special services	_____	Extreme Problem Definitely needs treatment or special services
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6. Overall severity of your child's challenges in functioning and overall need for treatment.

No Problem Definitely does not need treatment or special services	_____	Extreme Problem Definitely needs treatment or special services
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