



Intake Questionnaire – Child

Child's Name _____ Date _____

Parent's names _____

Street address _____ Date of Birth _____

City/state/zip _____ Age _____ Gender _____

Parent's Phone # (H) _____ (C) _____

Parent's Email _____ Preferred means of contact _____

Child's Phone # _____ School & Grade _____

Emergency contact name: _____ Phone #: _____

Who will be primarily responsible for all payments? _____

1. Please provide a brief statement explaining why this appointment was scheduled:

2. In what way are you hoping your child will benefit from attending therapy?

3. Please identify by name who has requested/required that your child see a Psychologist: (e.g., self, school, court, spouse)

4. If your child attended therapy/counseling or received psychiatric care in the past, when, with whom and for what reason(s)?

5. Is your child currently receiving treatment for a *medical condition*? Yes No

For what condition(s)? _____

6. Has your child been hospitalized for psychiatric reasons? Yes (year[s])? _____ No _____

7. Please indicate all the *psychiatric medications* your child is currently prescribed: None _____

<u>Name of Medication</u>	<u>Dose</u>	<u>Purpose of this medication</u>

8. Please indicate all the *non-psychiatric medications* your child takes at this time: None _____

<u>Name of Medication</u>	<u>Dose</u>	<u>Purpose of this medication</u>

9. Please identify by name and phone # all the providers your child currently works with including a school contact:

e.g., Pediatrician: _____ Phone # _____

e.g., Psychiatrist: _____ Phone # _____

e.g., Specialist: _____ Phone# _____

_____ Phone# _____

10. Please indicate with a 'check' those issues concerning you; please 'X' the most severe problem(s):

- | | |
|---|---|
| <input type="radio"/> Depression – sad, unhappy | <input type="radio"/> Few friends or limited social outlets |
| <input type="radio"/> Anxiety – nervous, worrying, fearful | <input type="radio"/> Anger management problems |
| <input type="radio"/> Procrastination | <input type="radio"/> Disobedient to house rules |
| <input type="radio"/> School problems (poor grades) | <input type="radio"/> Poor concentration and attention |
| <input type="radio"/> Inactivity – gets little exercise | <input type="radio"/> Few interests or hobbies |
| <input type="radio"/> Low self-esteem | <input type="radio"/> Victim of a traumatic event |
| <input type="radio"/> Poor diet or picky eater | <input type="radio"/> History of a suicide attempt |
| <input type="radio"/> Quickly changing moods | <input type="radio"/> Current Suicidal thoughts/attempts |
| <input type="radio"/> Drug/alcohol use | <input type="radio"/> Dependent – Insufficient autonomy |
| <input type="radio"/> Inattentive – easily distracted | <input type="radio"/> Disrespectful of authority figures |
| <input type="radio"/> Easily irritated – has a short fuse | <input type="radio"/> Significant conflict with family members |
| <input type="radio"/> Boyfriend/girlfriend problems | <input type="radio"/> Unusual/bizarre behavior |
| <input type="radio"/> Disorganized | <input type="radio"/> Poor social skills or very shy |
| <input type="radio"/> Grieving a death | <input type="radio"/> History of emotional/physical/sexual abuse |
| <input type="radio"/> Lacking assertiveness skills | <input type="radio"/> Aggressive or violent behavior |
| <input type="radio"/> Unable to hear “no” | <input type="radio"/> Gay/Lesbian/Bisexual concerns |
| <input type="radio"/> Doesn't listen when spoken to | <input type="radio"/> Problems with weight and diet |
| <input type="radio"/> Problems with thinking clearly or confusion | <input type="radio"/> Self-inflicted harm such as cuts/burns self |
| <input type="radio"/> Medical/health concerns | <input type="radio"/> Sleep problems |
| <input type="radio"/> No goals or ambitions for the future | <input type="radio"/> Out of control behavior/tantrums |
| <input type="radio"/> Excessive video-game playing | <input type="radio"/> Homework problems |

11. Demographic Information:

a. How would you describe the relationship between this child's parents? _____

b. Who resides in this child's home (name, age, relationship to child)? _____

c. Please any problems with the social, emotional, physical and cognitive development of your child:

d. What activities outside of school does your child participate in? _____

e. Please summarize what kind of student your child has been, and if there have been recent changes:

f. If applicable, at what age and from where was this child was adopted: _____

12. Please indicate who referred you to see me: _____

13. May I have your permission to send an acknowledgement letter for your referral? Yes No

14. Is there additional information you can provide that can help me better understand how to help your child?
