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# Child Intake Information

## Child Information

Name _____ Date of birth _____

Address _____ Gender ☐ male ☐ female

_____ Phone _____

## GUARDIAN (the child's parent or legal guardian who is authorized to consent for treatment) ☐ parent ☐ other

Name _____ Social Security Number _____

Address ☐ same as child's _____

_____

Phone (h) _____ (w) _____ (cell) _____

## Child's Current Living Situation

Family type

- ☐ Intact – child lives with both biological parents
- ☐ Child lives with separated or divorced biological parent(s)
  - ☐ Child resides with biological mother Percent of time _____
  - ☐ Child resides with biological father Percent of time _____
  - Is there a court order regarding custody? ☐ yes ☐ no
    - ☐ Joint custody
    - ☐ Sole custody – to which parent _____
    - ☐ Limited custody rights for one parent – which parent _____
  - Do both parents agree to psychological evaluation/treatment of the child? ☐ yes ☐ no
    - Need to contact? ☐ n/a (name/phone/address) _____
    - _____
- ☐ Extended family – child resides with other family member, but is not legally placed or adopted
  - Is this family member the legal guardian? ☐ yes ☐ no ☐ court/legal not involved
- ☐ Adopted – child resides with legally adoptive parents
- ☐ Foster Care – child resides in foster care or group home placement ☐ family placement ☐ foster-parent placement
  - Is there a court order granting medical treatment consent rights? ☐ yes ☐ no ☐ don't know
    - If yes, to whom? _____
    - (obtain copy)

## School Name _____ Grade _____

Does this child have a school IEP or receive special education services?

☐ yes ☐ no Qualifying condition: _____

**Primary Parental Caregiver** Relationship to child _____

Name _____

Address ☐ same as child's _____

_____

Home phone: _____ Work phone: _____ Cell phone: _____

**Other Primary Caregiver Information** Relationship to child _____

Name _____

Address ☐ same as child's _____

_____

Home phone: _____ Work phone: _____ Cell phone: _____

**Other Primary Caregiver Information** Relationship to child _____

Name _____

Address ☐ same as child's _____

_____

Home phone: _____ Work phone: _____ Cell phone: _____

| **Child's siblings** | | | | **Other people living in the home** | |
|---|---|---|---|---|---|
| Name | Age | Lives with child? | | Name | Age |
| | | ☐ yes | ☐ no | | |
| | | ☐ yes | ☐ no | | |
| | | ☐ yes | ☐ no | | |
| | | ☐ yes | ☐ no | | |
| | | ☐ yes | ☐ no | | |

Additional Family Information (e.g., special living circumstances, or court orders)

**Client Child Ethnic Identification (check all that apply)**

☐ Euro-Am ☐ African-Am. ☐ Latin-Am ☐ Asian-Am ☐ Pacific Island-Am

☐ Native Am. ☐ Arab/Persian-Am ☐ India-Am ☐ Other _____

NAME: DOB:

## Previous or Current Psychological – Psychiatric – Medical Conditions

Please indicate all previous or current conditions or diagnoses the child has received:

| | |
|---|---|
| ☐ Attention Deficit Hyperactivity Disorder | ☐ Speech and Language Disorder |
| ☐ Oppositional Defiant Disorder | ☐ Sensory-Motor Processing Disorder |
| ☐ Autism Spectrum (or Pervasive Developmental Disorder) | ☐ Allergies: _____ |
| ☐ Mental Retardation | ☐ Asthma |
| ☐ Learning Disability | ☐ Seizures |
| ☐ Depression | ☐ Prior head trauma or loss of consciousness |
| ☐ Anxiety | ☐ History of ear infections |
| ☐ Attachment Disorder | ☐ Hearing loss |
| ☐ Victim of Child Abuse – Neglect – Domestic Violence | ☐ Impaired vision |

☐ Other Psychological – Psychiatric – Medical – or Neurological Conditions (please specify):

_____

_____

Prenatal exposure to drugs or alcohol? ☐ No ☐ Suspected ☐ Confirmed

If exposed prenatally, to what type of substance?

| | | |
|---|---|---|
| ☐ Alcohol | ☐ suspected | ☐ confirmed |
| ☐ Methamphetamine | ☐ suspected | ☐ confirmed |
| ☐ Marijuana | ☐ suspected | ☐ confirmed |
| ☐ Other drugs | ☐ suspected | ☐ confirmed |

What type of other drugs? _____

## Current Medications

Please list all medications currently taken or prescribed for the child:

_____ _____

_____ _____

_____ _____

_____ _____

## Legal Issues

Are you currently involved in, or are you thinking about taking, any sort of legal action (including child custody)?

☐ yes ☐ no Please describe? _____

_____

| | |
|---|---|
| NAME: | DOB: |