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LICENSED CLINICAL PSYCHOLOGIST, PSY 18857

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: