

Child Intake

Please provide the following information about your child:

Child's Full Name: _____

Nick Name: _____

Birth Date: _____ Today's Date _____

Behavioral Excesses:

What does your child currently do too often, too much, or at the wrong times that gets him/her in trouble? Please list all the behaviors you can think of.

Behavioral Deficits:

What does your child fail to do as often as you would like, as much as you would like, or when you would like? Please list all the behaviors you can think of.

Behavioral Assets:

What does your child do that you like? What does he /she do that other people like?

Others Concerns:

Do you have any other concerns about your child or your family that you have not mentioned yet.

Child's Name: _____

Nickname: _____ **Birthdate:** _____

Treatment Goals:

From your preceding list of your child's behavior and your family concerns, what problem behaviors do you want to see change FIRST: and how much must they change for you to be satisfied?

Please provide the following information about your child:

Family History:

The name of the child's biological parents:

Mother: _____ Father: _____

Who has legal guardianship of your child? _____

Who does your child currently live with? _____

Names	Ages	Relationship to child	Grade/Job
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who are your child's significant others NOT living with your child?

Names	Ages	Relationship to child	Grade/Job
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please describe any past counseling that either your child or any family member has had

Does anyone in the child's family use currently (or in the past) any type of drug, tobacco, or alcohol? _____ If yes, Please describe:

Child's Name: _____

Nickname: _____ **Birthdate:** _____

Education History:

What school does your child attend? _____

Address: _____

Phone: _____ Teachers Name: _____

Current Grade: _____.

What does your child's teacher say about him/her?

Other schools attended (including Pre-school)

Has your child ever repeated a grade? _____ If so which one(s) _____

Has your child ever recieved special education services?

Has your child experienced any of the following problems at School?

(Place check to the left of all that apply)

- | | | | |
|------------------|-------------------------|---------------------|---------------|
| * fighting | * lack of friends | * drug/alcohol | * detention |
| * suspension | * learning disabilities | * poor attendance | * poor grades |
| * gang influence | * incomplete homework | * behavior problems | |

Medical History:

What is the name of your child's medical doctor? _____

Address: _____ Phone: _____

Date of your child's last medical examination: _____

Did the child's mother smoke tobacco or use any alcohol, drugs or medications during the pregnancy? _____ If so, please list which ones:

Did the child's mother have any problems during the pregnancy or at delivery? _____ If so, Please describe them:

Child's Name: _____

Nickname: _____ **Birthdate:** _____

Has your child experienced any of the following medical problems?

(Place Check to the left of all that apply)

- | | | | |
|----------------------|-------------------------|------------------------|----------|
| * A serious accident | * Hospitalization | * Surgery | * Asthma |
| * A head injury | * High fever | * Convulsions/seizures | |
| * Eye/ear problems | * Meningitis | * Hearing problems | |
| * Allergies | * Loss of consciousness | | |
| * Other _____ | | | |

Please list any current medical problems or physical handicaps:

Please list any medications your child takes on a regular basis:

Other History:

Has your child ever experienced any type of abuse (physical, sexual, or verbal)? ____ If so please describe:

Has your child ever made statements of wanting to hurt him/her self or seriously hurt someone else? ____ Has he/she ever purposely hurt himself or another? ____ If yes to either question please describe the situation:

Has your child ever experienced any serious emotional losses (such as a death of or physical separation from a parent or other caretaker)? ____ If yes, please explain:

Finally, what are some of the things that are currently stressful to your child and his/her family?
