

Child/Adolescent Intake Form

I look forward to meeting with you and your child in the near future. In order to achieve optimum results through the counseling process, it is important to gather a significant amount of information to provide me with a picture of who your child is. If there are any questions you do not feel comfortable answering or would rather discuss in person, please feel free to leave it blank. If you have any questions, please let me know.

Child's full name: _____

Date of birth: _____ Gender: _____ Race/ethnicity: _____

Presenting Issues

Adult providing intake information: _____

How did you learn about LifeCare? _____

Please describe the primary reasons why you are pursuing counseling for your child. Please explain in detail, including your child's emotional and behavioral symptoms, as well as their intensity, frequency and duration:

Please state what you hope to achieve through counseling:

Please explain in detail any high-risk behaviors your child may be currently engaging in, or has engaged in, in the past (e.g., drug/alcohol use, sexual activity, running away, self-harm or suicidal ideation/action, etc.):

Please list your child's strengths or areas of success:

What are specific growth goals you have for your child:

If applicable, please list activities outside of school in which your child is actively involved (e.g., sport teams, church, etc.):

Please state all methods of redirection and discipline you use with your child, how your child responds to discipline, and if these methods have been successful:

Family Dynamics

Please list all disorders and conditions that are known in your child's biological family, including those of siblings, parents, grandparents, aunts, uncles, cousins, etc. (e.g., depression, anxiety, substance abuse/addiction, genetic disorders, neurological disorders, emotional/physical/sexual abuse, antisocial/criminal behavior, etc.):

Please state if there have been any recent stressors or changes in your environment which may be affecting your child (e.g., divorce or marital problems, death in the family, move to a new home / school / or neighborhood, etc.):

Parent Demographics

Current caretakers:

Mother's name

Date of Birth

Address

Home/work/cell phone numbers

Email

Occupation / Employer

Father's name

Date of Birth

Home/work/cell phone numbers

Email

Occupation / Employer

Please list siblings and/or all other individuals living in your child's home, who these individuals are in relation to your child, and each individual's age:

Child's Developmental and Medical History

Please list any problems during pregnancy and/or delivery of your child:

Please state if your child was exposed to in utero stressors (e.g., mother under emotional stress, mother smoking cigarettes, drinking alcohol or having abused drugs while pregnant, etc.):

Please classify your child's early temperament (e.g., easy, quiet, stubborn, shy, difficult, over active, etc.):

Please list any developmental delays or problems your child had as an infant and toddler (e.g., weaning, walking, sitting up alone, toilet training, talking):

Please list any problems your child has had, or currently has, with sleep, eating, or elimination/toileting (e.g., constipation, soiling undergarments):

Please list any sensory difficulties that your child may be displaying (e.g. textures of clothing/food, sensitivity to sound/light, etc.):

Please list any chronic medical conditions your child currently has, or has had, in the past (ear infections, allergies, etc.):

Please list all of your child's emergency hospital visits, hospitalizations, and surgeries, including child's age, reason, and length of stay:

Please list any medications/dosage your child routinely takes, or has taken in the past, and the reason for this medication:

Please list your child's pediatrician with telephone number:

Please state the last time your child had a physical exam:

On average, how many hours of sleep per night is your child getting:

Child's School History

Please state your child's current grade, school, and primary teacher:

Current academic performance:

Please explain any identified special needs your child has at school (e.g., emotional, social, learning disabilities) and any interventions currently in place:

Please list all current providers/agencies your child is involved with, specifically identifying the name of provider, telephone number, and what services you and/ or your child are receiving:

Please list any former providers/agencies who have seen you and/or your child, including the diagnoses your child received, when these services were received, and from whom received:

Any other additional information that would be important to know:

Please include any supporting documents that may be helpful to add to their file (adoption placement paperwork, IEPs, 504 plans, OT records, other health records, etc.)