



CHILD INTAKE FORM – AGE 14 AND YOUNGER

***PLEASE DO THIS FORM IN ADDITION TO THE INITIAL INTAKE PACKET

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?

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
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List any of your child's significant others NOT living with your child.....

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

Education History:

What school does your child attend?

Phone: _____ Teacher's Name: _____

Current Grade: _____

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

Medical History:

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

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

Has your child experienced any of the following medical problems? (circle if apply)

A serious accident Hospitalization Surgery Hearing Problems

A head injury High Fever Convulsions/Seizures Eye/Ear Problems

Meningitis Allergies Loss of Consciousness Asthma Other

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?

Other Concerns:

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

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?