



CLIENT INTAKE FORM- CHILD/ADOLESCENT

Child Name \_\_\_\_\_ Date \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_

A. Treatment and Assessment History

1. Previous Mental Health Treatment:

2. Psychological Testing: Yes ( ) No ( ) If yes, date of testing \_\_\_\_\_

3. Educational Testing: Yes ( ) No ( ) If yes, date of testing \_\_\_\_\_

4. Presenting Complaint:

5. Desired Outcome of Therapy:

B. Developmental History

1. Adopted: Yes ( ) No ( ) If yes at what age \_\_\_\_\_



2. Pregnancy (labor, delivery, Apgar score, pregnancy or labor complications):

3. 1st -2nd Year (breast or bottle, activity level, thumb or pacifier use, favorite toys, stranger anxiety, sleep and eating patterns):

4. Toilet Training (temper tantrums, discipline, expression of frustration or anger):

5. Preschool or Daycare (age, separation from parents, teacher reports, peer play):

6. Favorite toys and activities:

7. Hobbies, athletics, art, drama, music:

8. Major life transitions or traumas:

9. General temperament:



C. School History (please discuss friendship patterns, parental relationships, academic performance, attention and concentration, psychomotor development):

1 st Grade:

3 rd Grade:

5 th Grade:

Middle School:

High School:

Overall Study Habits:

D. Social History

1. Relationship with mother:



2. Relationship with father:

3. Relationship with Siblings:

4. Peer relationships:

5. Teacher relationships:

#### E. Family History

1. Limit Setting and discipline in the family (permissive, authoritarian, consistent or not):

2. Mental health history (include immediate and extended family i.e. parents, aunts and uncles, grandparents):

a) History of depression in family? Yes ( ) No ( ) If yes, please explain

b) History of anxiety in family? Yes ( ) No ( ) If yes, please explain

c) History of bipolar in family? Yes ( ) No ( ) If yes, please explain



d) History of substance abuse in family? Yes ( ) No ( ) If yes, please explain

e) History of eating disorder in family? Yes ( ) No ( ) If yes, please explain

Other mental health issues, or information you think would be helpful for me to have: