

### Child (up to age 11) Intake Questions

Your response to the the following questions will enable your therapist to better understand you and your situation. Please answer all questions as completely as you can.

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Race/ethnic origin: \_\_\_\_\_ Religious preference: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

#### Current Household and Family Information:

Name	Relationship (Parent, sib)	Age	Gender	Type (Bio, Step, etc.)	Living with you? y/n

(If additional space is needed, please list on back of page)

#### Current Reason for Seeking Counseling:

Please state the problems for which you want help this child:

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What would you like to see happen as a result of counseling? \_\_\_\_\_

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#### Child Development

Were there any complications with the pregnancy or delivery of your child?  Yes  No

If yes, please describe: \_\_\_\_\_

Did your child have health problems at birth?  Yes  No If yes, please describe:

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Did your child have any developmental delays? (i.e. walking, talking)  Yes  No

If yes, please

describe: \_\_\_\_\_

Did your child have any unusual behaviors or problems prior to the age of 3?  Yes

No

If yes, please describe: \_\_\_\_\_

Has your child experienced an emotional, physical, or sexual abuse?  Yes  No  Not

Sure

If yes, please describe: \_\_\_\_\_

**Emotional/Behavioral/Chemical Issues** Has your child recently or currently experienced the following?

Concern	Yes	No	Concern	Yes	No
Recent Suicidal Thoughts			Difficulty Sleeping		
Suicide Plans			Depression		
Suicide Attempts			Loneliness or hopelessness		
Self-inflicted injury behaviors			Crying often		
A tendency to be shy or sensitive			Frightening dreams or thoughts		
A strong dislike of criticism			Often annoyed by the little things		
A frequent loss of temper			Difficulty completing tasks		
Difficulty expressing feelings			Violent or destructive behavior		
Nervousness, anxiety, or worry			Difficulty remembering		
Difficulty Relaxing			Difficulty concentrating		
Difficulty making decisions			Menta; confusion		
Difficulty making friends			Difficulty with eating		

Has your child ever been in court or picked up by police?  Yes  No If yes, please describe: \_\_\_\_\_

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Do you think your child has tried cigarettes, sniffing, alcohol, or drugs?  Yes  No If yes, please

describe: \_\_\_\_\_

Does your child have a cell phone?  Yes  No

How many hours of screen time (computer, video games, TV) does your child engage in daily? \_\_\_\_\_

### Peer Relations

Is your child socially: \_\_\_ Outgoing \_\_\_ Shy \_\_\_ Depends on situation

Has your child experienced bullying?  Yes  No  Not Sure

Is your child involved in any organized social activities(e.g. sports, scouts, music)?  Yes

No

List activities: \_\_\_\_\_

### **School History**

Has your child ever been held back a grade?  Yes  No If yes, what grade and what was the reason you chose to hold your child back? \_\_\_\_\_

What are the grades your child receives at school? \_\_\_\_\_

Do you feel your child is doing the best he/she can at school?  Yes  No

Are there any behavior problems at school?  Yes  No If yes, please explain:

\_\_\_\_\_

How many schools has your child attended? \_\_\_\_\_

### **Discipline**

Are there any concerns in regards to discipline?  Yes  No If yes, please explain:

\_\_\_\_\_

### **Internet/Electronic Communications Usage**

Do you have any concerns with your son/daughter using the internet or electronic communications such as Facebook, Snapchat, Twitter, texting, etc?  Yes  No

If yes, please explain concern: \_\_\_\_\_

### **Counseling History**

Has your son/daughter previously seen a counselor?  Yes  No

If yes, where? \_\_\_\_\_

Approximate dates of counseling: \_\_\_\_\_

Does your son/daughter have a previous mental health diagnosis?  Yes  No

What did you find **most** helpful in therapy? \_\_\_\_\_

\_\_\_\_\_

What did you find **least** helpful in therapy? \_\_\_\_\_

\_\_\_\_\_

Has your son/daughter used psychiatric services?  Yes  No With whom? \_\_\_\_\_

If yes, was it helpful?  Yes  No

Has your child taken medication for a mental health concern?  Yes  No

Name of medication	Dates taken	Was it helpful?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

### Health Concerns

In general, this child's health has been:

- Excellent (is rarely sick, when sick recovers very quickly)
- Good (is not often sick or injured, illnesses are fairly short lived)
- Fair (frequently sick or injured, illnesses often linger or recur)
- Poor (chronically ill)

Name of Physician: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Medications: \_\_\_\_\_

### Medical History

Does your child have medical concerns or a previous hospitalization?  Yes  No

If yes, please

describe: \_\_\_\_\_

Inherited conditions (e.g. Huntington's Chorea, Sickle Cell

Anemia): \_\_\_\_\_

Other significant family illness: \_\_\_\_\_

Does any parent/caregiver have difficulties with nervousness, anxiety, or depression?  Yes

No If yes, please explain:

\_\_\_\_\_

Does any parent/caregiver have difficulties with anger, e.g. losing temper easily, verbally abusive, being violent when angry?  Yes  No

If yes, please explain: \_\_\_\_\_

### Family Illnesses/Disorders

	Mother's	Biological	Biological	Father's
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	Family	Mother	Father	Family
Anxiety Disorders				
ADHD or ADD				
Mental Retardation				
Seizure Disorder				
Depression				
Schizophrenia				
Other Psychiatric Disorders				
Learning Difficulties				
Behavioral Problems				
Alcoholism or Drug Dependence				
Anxiety Disorders				

**Child's Strengths** *(Please mark those strengths that you have observed in your child)*

	Often True	Sometimes True	Seldom True	Cannot Say
Outgoing				
Self-confident				
Seems Happy				
Friendly				
Enjoys new experiences or activities				
Even disposition or steady moods				
Expresses Feelings				
Affectionate				
Kind or sympathetic to others				
Shares				

Can compromise				
Follows rules easily				
Is forgiving				
Stands up for self when appropriate				
Tolerates criticism				
Recovers easily after disappointment				
Is appropriately cautious				
Creative				
Good sense of humor				
Plays gently with smaller children or animals				
Other				

**Parent's Marital Status** *(This question refers to biological parents' relationship)*

Single  Married(legally)  Divorced  Cohabiting  Divorce in process  Separated  Widowed  Other

Length of marriage/relationship: \_\_\_\_\_ How old was your child at the time of divorce? \_\_\_\_\_

If divorced, how much does your child spend with each parent? \_\_\_\_\_% Mother \_\_\_\_\_% Father

*(Please answer all the following the best you can, we understand you may not be able to answer some of the questions pertaining to the other parent)*

**Biological Father's**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Ethnic Origin:** \_\_\_\_\_

**Total years of education completed:** \_\_\_\_\_ **Occupations:** \_\_\_\_\_

**Place of employment:** \_\_\_\_\_

**Military Experience:**  Yes  No **Combat Experience:**  Yes  No

**\*Current Status:**

Single  Married(legally)  Divorced  Cohabiting  Divorce in process  Separated  Widowed  Other \*Please answer if you are no longer with your child's bio-mother or check here if you are still with bio-mother \_\_\_\_\_

**Assessment of current relationship if applicable:** \_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good

**Biological Mother's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Ethnic Origin:** \_\_\_\_\_

**Total years of education completed:** \_\_\_\_\_ **Occupations:** \_\_\_\_\_

**Place of employment:** \_\_\_\_\_

**Military Experience:**  Yes  No **Combat Experience:**  Yes  No

**\*Current Status:**

Single  Married(legally)  Divorced  Cohabiting  Divorce in process   
**Separated**  **Widowed**  **Other** \*Please answer if you are no longer with your child's bio-father or  
check here if you are still with bio-father \_\_\_\_\_

**Assessment of current relationship if applicable:** \_\_\_\_\_ **Poor** \_\_\_\_\_ **Fair** \_\_\_\_\_ **Good**