

## INTAKE QUESTIONNAIRE

Patient name:

Today's date:

Gender:

Ethnicity:

Birthdate:

Age:

Grade:

Child's School or Daycare:

Person filling out this form: (circle)    Mother    Father    Stepmother  
Stepfather    Grandparent    Other:

Names of Legal Guardians (if other than the parents):

Relationship to Child:

Parents' Marital Status:

Describe Custody Arrangement, if applicable, and make sure you have provided a copy of the custody order from the court:

Who referred you here?

Phone:

If they will need records, please request a release of information form.

### Family Members:

Mother's name:

age:

occupation:

Father's name:

age:

occupation:

Stepmother's name:

age:

occupation:

Stepfather's name:

age:

occupation:

If parents are separated or divorced, how old was the child when the separation occurred?

How many siblings or others are living in the home?

Name

Relationship to child

Age

List any siblings living outside of the home:

Primary language spoken at home:

Secondary language?

Reason for Your Visit:

Please describe the reason for your current visit, including any difficulties your child is having:

How long have these difficulties been a concern and when was the problem first noticed?

Are there any legal actions currently under way in the family? If yes, please explain:

Are there any legal actions planned for the future in this family? If yes, please explain:

Describe any major life events that might be related to your concerns, for example, death in the family, trauma, move, family conflict, natural disaster:

### Developmental History

Is your child adopted?                      If so, child's age at adoption?

Does he/she know?                      Is this child in foster care?

Caseworker's Name and phone:

### Pregnancy and Birth:

At what stage or month of the pregnancy was it discovered?

Duration of the pregnancy, weeks or months:

During the pregnancy did the mother:

Have an illness or disease              have an accident              undergo surgery

undergo x-ray      smoke tobacco              Have high levels of stress?

take medications; if so, what type:

drink alcoholic beverages; if so how many and how long into the pregnancy:

use illegal drugs; if so, what type:

Pregnancy complications experienced:

Delivery:

Duration of labor:                      Birth weight:      lbs.      ozs.

APGAR scores:

Type of labor:              spontaneous              induced

Type of delivery:              vaginal              cesarean              emergency  
cesarean

Delivery Complications:

None              cord around the neck              hemorrhage              placenta problems

delay in breathing              injury to infant              fetal distress              meconium

aspiration              other:

Newborn and Post-Delivery:

Total days baby was in the hospital after delivery:

Was baby in the NICU? If so please describe:

Birth Complications

None      addiction      anemia      jaundice      infection      seizures

respirator required              resuscitation required              birth defects

trouble breathing              cyanosis/turned blue              intraventricular hemorrhage

other:

Infancy – Toddler:

Please describe your child's temperament during infancy (easy, difficult, slow to warm up?):

Were any of the following present during the first few years of life?

Colic    reflux    constantly into everything    feeding problems

slow or unable to adapt to changes in routine    sleeping problems

frequent head-banging    excessive restlessness    did not enjoy cuddling

unpredictable sleep, hunger, elimination, etc.

excessively high or low activity, please circle which one

was not calmed by being held or stroked

excessive number of accidents compared to other children

withdrawal or other problems adjusting to new people and situations

Were there any special problems in the growth and development of your child during the first year? If yes, please describe:

Looking back, did you ever think your child was different from other children in a significant or concerning way? If so when? What did you notice that was different?

Compared to other children, my child's early development was:

normal    delayed    advanced

Age at:

Walking

Talking

Potty training

### Family Medical History:

Please circle any illness, condition, or problem experienced by a BLOOD relative. When you check an item, please note the relative's relationship to the child. If any problems run in the family, please write them at the end of the list.

Alcoholism      antisocial/criminal behavior      Autism Spectrum Disorder or  
Asperger's disorder      bipolar/manic – depressive disorder      depression  
Anxiety      drug addiction or drug problems      headaches      ADHD  
learning disabilities or learning problems      developmental delays  
mental retardation      tics      mental illness      neglect      schizophrenia  
seizures, epilepsy, or convulsions      sexual/physical abuse      suicide or  
suicide attempt      other:

### Child's Medical History:

Pediatricians name:

Last seen by the pediatrician:

Are vaccinations up to date?      yes      no      declined for personal reasons

If the child has ever been treated with medication other than colds and minor infections, please list them below. Place a check, if those medications are presently being taken by the child.

Medication:

Age:

Reason prescribed:

Currently?

Has your child ever suffered from a head injury that caused confusion or loss of consciousness?      Yes      No

Please list any major illness or condition that your child has or has had. Please also note the child's approximate age at the time of illness.

Indicate if the child has undergone any of these medical tests. If yes, please circle and provide age(s) at which they were administered:

Electroencephalogram/EEG

skull x-ray

CT scan

MRI scan      vision evaluation  
testing/chromosomes study

audiology evaluation

genetic

Results:

#### Education History:

School:

Current grade:

Special-Education classification:

Grades repeated:

Describe any academic or behavior concerns at school:

Previous school placement/experiences:

List, or estimate, current report card grades:

Describe special services or modifications:

## Previous Psychological/Psychiatric Treatment:

Type of treatment:

Age at service:

Diagnosis?

Response to the intervention?

Use this space for additional treatment interventions, age of child, diagnosis, and response to the treatment:

## Home Behavior

What disciplinary techniques are effective in your home?

What are your child's favorite activities?

What are your child's assets or strengths?

How does your child calm him or herself down?

Is there any other information that may help me understand your child?