



CHILD / ADOLESCENT INTAKE FORM

Family Psychology Associates

Strengthening relationships...improving lives.

Date: _____

Child's Name: _____ Age: _____ DOB: _____

Place of Birth: _____

School: _____ Grade: _____

| Parent's Name: | Age | Birthplace | Education | Occupation |
|------------------|-------|------------|-----------|------------|
| Mother _____ | _____ | _____ | _____ | _____ |
| Father _____ | _____ | _____ | _____ | _____ |
| Stepmother _____ | _____ | _____ | _____ | _____ |
| Stepfather _____ | _____ | _____ | _____ | _____ |

Present Status: Married _____ Separated _____ Divorced _____ Widowed _____ Other _____

Date Married: _____ Date Separated/Divorced _____ Date Remarried _____

Other Family Members:

| Name | Age | Grade or Occupation | Place of residence |
|----------|-------|---------------------|--------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |

Who is your family doctor or pediatrician? _____

When was your child's last physical examination? _____

Current physical problems or symptoms: _____

Is your child taking any medications? Yes _____ No _____ If so, please list them: _____



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Has your child had any serious illnesses, accidents, operations or been hospitalized? _____

Who suggested you contact me for help? _____

What is the problem with which your child needs help? _____

Has anything happened (in the family or elsewhere) that may have affected the child's feelings or behavior? (illnesses, deaths, moves, family problems, etc.) ? _____

Describe briefly your child's development (birth, feeding patterns, sleep, habits, walking, talking, toilet training, menstruation, fears), any developmental milestones that seemed significant or caused you concern: _____

How does your child get along with other family members? _____

How does your child get do in school (academically and socially)? _____



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Are there any legal issues currently impacting your child (i.e. custody issues, recent police involvement, etc.) ?

What pleases you most about your child? _____

What concerns you or worries you most about your child? _____

Is your child aware of the problem or concern? Is your child worried? _____

What questions would you like me to answer for you? _____

What changes would you like to see? _____

Signed: _____
Relationship to Child: _____