
Confidential Child and Adolescent Intake Form

Please answer the following questions as completely as possible. For parents of adolescents (age 13-17), please be aware that this information may be shared with your child.

Child's Name _____ M ___ F ___ Birth Date _____
Today's Date _____ Form Completed by _____
Your Relationship to the Child _____
Child's School/Day Care Center _____ Grade _____ Age _____
Child's Primary Physician _____ Phone _____

Consent

I request and authorize Anne Storelli, LPC, LMFT to provide evaluation and/or treatment to my minor child, and I attest that I am his/her legal custodial parent and that I am legally entitled to authorize evaluation and treatment.

Parent or guardian's signature(s) _____ Date _____

Printed Name(s) _____ Relationship to Child _____

Family Information

Mother's Name _____ Date of Birth _____
Mother's occupation _____ Education _____
Living in Home? _____ If no, explain _____
Father's Name _____ Date of Birth _____
Father's occupation _____ Education _____
Living in Home? _____ If no, explain _____
With whom does the child live? Birth Parents _____ Foster Parents _____
Adoptive Parents _____ Other (Specify) _____
Others who live in the home: _____

Emergency contact:

Name _____
Relationship _____ Address _____
City _____ State _____ Zip _____ Work Phone _____
Home Phone _____ Cell Phone _____
Email: _____

Parent Concerns:

What is the primary reason you are seeking help for your child at this time? _____

When did these problems begin? _____

What do you think are the causes of your child's problems? _____

What have you been told by doctors, teachers, and/or others about your child's problem(s)? _____

Has this child had any other mental health evaluations or treatment? _____

Educational evaluations, occupational or physical therapy, or speech or language evaluations? _____

Has any other member of the child's immediate family had mental health treatment? _____

Please describe any marital problems or family stresses which may contribute to your child's problems:

Please describe any other unusually severe stresses your child has experienced during the past year:

What has been done so far to try to deal with your child's problem? _____

Please list any special strengths or talents that your child has:

Medical Information:

Does or has your child had any significant medical problems? If so, please describe: _____

List any medications your child is taking, or has taken, on an ongoing basis:

Name	Dosage	Frequency	Start Date	MD
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your child ever been hospitalized? If yes, briefly explain: _____

Child's Developmental History:

Pregnancy and birth, any problems? No ___ Yes ___ If Yes, Briefly Explain _____

Was the child adopted? _____ If yes, at what age? _____ What History/Information is known about the birth parents? _____

Developmental Milestones (at what ages were these met?)

Sitting _____ Walking _____ Talking _____ Toilet Trained _____

Medical Problems? No ___ Yes ___ If yes, briefly explain _____

Please list any jobs or chores your child has in the family or at school. (Feeding the dog, taking out or chores? trash, safety patrol). If none _____

How well does your child do these jobs or chores?

Poor	Average		Great	
1	2	3	4	5

1. _____
2. _____
3. _____

Comments: _____

Compared to other children his/her age how does your child get along with other children?

Poor	Average		Great	
1	2	3	4	5

What are your child's favorite recreational or extracurricular activities? _____

Who generally disciplines the child? _____

What methods are used? _____

Do parents agree about the method of discipline? Yes _____ No _____ If No, please explain:

School History:

What is the present school grade? _____

If your child has been to school (including preschool, kindergarten, elementary, etc.) complete the following for all classes and end with the current placement. Please comment if your child repeated a grade or is in a special class (gifted, leaning disabled, curriculum assistance, behaviorally/emotionally handicapped, etc.).

Grade(s)	School	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current School performance (for children aged 6 and older)

	Failing	Below Average	Average	Above Average
Reading	_____	_____	_____	_____
Writing	_____	_____	_____	_____
Math	_____	_____	_____	_____
Spelling	_____	_____	_____	_____

Other academic subjects (History, Science, Art, Music, Languages, etc)

	Failing	Below Average	Average	Above Average
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Behavior problems in school? _____

How much are each of the following areas a problem to your child?

	Not at All	A Little	Somewhat	Considerably	Terribly
Anxiety	0	1	2	3	4
Physical Problems	0	1	2	3	4
Depression	0	1	2	3	4
Alcohol abuse	0	1	2	3	4
Drug abuse	0	1	2	3	4
Family conflicts	0	1	2	3	4
Marital conflicts	0	1	2	3	4
Social relationships	0	1	2	3	4
Job/school conflicts	0	1	2	3	4
Sexual problems	0	1	2	3	4
Spiritual/religious	0	1	2	3	4
Legal	0	1	2	3	4
Eating disorder	0	1	2	3	4
Abuse (physical, emotional, sexual)	0	1	2	3	4

Any other information that you think may be helpful about your child: _____
