Psychological Sunrise Center, PLLC
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CHILD INTAKE FORM

Child's name:____ Today's Date:__________________

Birth date:____________________ Age:_____________ Gender:_____________ Grade:_____________

School:____

Parents' Names:____________________ ____

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

Other (please explain):____

PRESENTING PROBLEM

Briefly describe your child's current difficulties and why you are seeking help at this time:

____

____

____

____

____

____

____

How long has this problem been of concern to you?____

When was the problem first noticed by you?____

What seems to help the problem?____

What seems to make the problem worse?____

Has the child received psychological or psychiatric evaluation or treatment for the current problem or similar problems?

Yes___ No___ If yes, when and with whom?____

Has the child ever been in counseling or family therapy with a mental health professional? ________

If so, what was helpful? Not helpful? ____

____

Is the child on any medication at this time? Yes____ No____

If yes, please note kind of medication:____

____

____

SOCIAL AND BEHAVIOR CHECKLIST

Place a check next to any behavior or problem that your child currently exhibits.

___ Prefers to be alone

___ Does not get along well with brothers and sisters

___ Overly negative or pessimistic behavior

___ Is shy or timid

___ Is more interested in things (objects) than in people

___ Engages in behavior that could be dangerous to self or others (describe)__________________________

____

___ Has special fears, habits, or mannerisms (describe)_____________________________________

____

___ Wets bed

___ Bites nails

___ Sucks thumb

___ Has excessive reaction to noise or fails to react to loud noises

___ Has blank spells

___ Has poor bowel control (soils self)

___Thoughts of hurting or killing self

___ Has frequent tantrums

___ Has frequent nightmares

___ Has trouble sleeping (Describe)_____________________

___ Sleepwalking

___ Rocks back and forth

___ Bangs head or other self-injurious behaviors

___ Motor/Vocal tics

___ Overreacts to touch

___ Eats poorly

___ Is stubborn

___ Gives up easily

___ Is impulsive

___ Lying

___ Stealing

___ Often angry or resentful

___ Often argues with adults

___ Overly emotional (cries easily)

Does your child have friends (describe those relationships)?__________________________________

____

Describe briefly any problems your child may have with peers:

____

____

CHILD'S MEDICAL HISTORY

Has your child ever experienced any serious illnesses and/or been hospitalized? _______________

If yes, please describe:____

Have there been any stressors, that I should know of (illness, deaths, operations, accidents, separations, divorce of parents, parent changed job, changed schools, family moved, family financial problems, remarriage, sexual trauma, other losses, other stressor information)?________________

____

____

____

FAMILY MEDICAL HISTORY

Place a check next to any illness or condition that any member of the immediate family (i.e. brothers, sisters, aunts, uncles, cousins, grandparents) has had. When you check an item, please note the member's relationship to the child.

Check	Condition	Relationship to child
_____	Cancer	_____________________
_____	Diabetes	_____________________
_____	Heart trouble	_____________________
_____	Neurological condition(s)	_____________________
_____	Problems with aggressiveness, defiance & oppositional behavior as a child	_____________________
_____	Problems with attention, activity & impulse control as a child	_____________________
_____	Learning disabilities	_____________________
_____	Mental retardation	_____________________
_____	Psychosis or schizophrenia	_____________________
_____	Depression or Bipolar (indicate which)	_____________________
_____	Anxiety	_____________________
_____	Tics or Tourette's	_____________________

_____ Alcohol abuse _______________________

_____ Drug abuse _______________________

_____ Suicide attempt _______________________

_____ Antisocial behavior (assaults, thefts, etc.) _______________________

_____ Physical abuse _______________________

_____ Sexual abuse _______________________

_____ Mental abuse _______________________

PSYCHOLOGICAL HISTORY

Has your child ever had any of the following forms of psychological treatment? If so, how long did it last? What was helpful? Not helpful? ____

____

_____	Individual/Group psychotherapy	Duration of therapy	____________________
_____	Speech or Occupational Therapy	Duration of therapy	____________________
_____	Family therapy with child	Duration of therapy	____________________
_____	Inpatient evaluation/Rx	Duration of inpatient	____________________
_____	Residential treatment	Duration of placement	____________________

FAMILY DATA

Mother's name:_____________________________ Age:_______ Highest Grade Completed:_______

Occupation:______________________ Phone: Home______________ Business_________________

Father's name:______________________________ Age:_______ Highest Grade Completed:_______

Occupation:______________________ Phone: Home______________ Business_________________

Stepparent's name:_________________________ Age:_______ Highest Grade Completed:________

Occupation:______________________ Phone: Home______________ Business_________________

Stepparent's name:_________________________ Age:_______ Highest Grade Completed:________

Occupation:______________________ Phone: Home______________ Business_________________

Marital Status of parents:____

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

Was the separation/divorce contentious? Amicable? What is the present interaction? _____________

____

Please list all people living in household:

Name	Relationship to Child	Age

If any brothers or sisters are living outside the home, list their names and ages:___________________

____

Primary language spoken in the home:____

Other languages spoken in the home:____

What disciplinary techniques do you usually use when your child behaves inappropriately? Place a check next to each technique that you usually use. There also is space for writing in any other disciplinary techniques that you use.

_____ Ignore problem behavior

_____ Scold child

_____ Take away some activity or food

_____ Threaten child

_____ Reason with child

_____ Redirect child's interest

_____ Don't use any technique

_____ Tell child to sit on chair

_____ Send child to his/her room

_____ Spank child

_____ Other technique (describe)

____

____

____

Which disciplinary techniques are usually effective?____

____

____

What disciplinary techniques are usually ineffective?____

____

____

Who typically disciplines your child?____

To what extent are you and your spouse or co-parent consistent with respect to disciplinary strategies?____

____

Briefly describe mother's relationship with child:____

____

Briefly describe father's relationship with child:____

____

What are your child's strengths?____

____

What are your child's favorite activities?

1.______________________ 2.________________________ 3._________________________

What are your child's least favorite activities?

1.______________________ 2.________________________ 3._________________________

Is there any other information that you think may be helpful for me to know?____________________

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Thank you for filling out this detailed intake form. This will help me get to know and help your child.