



Child & Adolescent Intake Form

<u>CHILD</u>	_____		
	Last Name	First	Middle
Date of Birth:	_____	Home Phone:	_____
Cell Phone:	_____	E-mail:	_____
School:	_____		
	School Name & Address	Telephone #	
Referred by:	_____		
Primary Care Doctor:	_____		
Therapist:	_____		
Reason you are seeking treatment:	_____		
Pharmacy:	_____		
	Name & Address	Telephone #	

PARENT #1: _____

	Last Name	First	Middle
--	-----------	-------	--------

Address: _____

Street _____

City _____ Zip _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Occupation: _____

Employer: _____

PARENT #2: _____

	Last Name	First	Middle
--	-----------	-------	--------

Address: _____

Street _____

City _____ Zip _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Occupation: _____

Employer: _____

If applicable, please designate parent(s) who have legal custody of minor:

If applicable, please designate parent(s) who legally consents to mental health treatment:

Your Child's Medical & Psychiatric History

Current Weight _____ Height _____ Allergies: _____

Current Medical Problems:

Past Medical Problems & Surgeries:

List ALL current prescription, over-the-counter, and herbal medications and how often your child takes them: (if none, write none)

Medication Name Total Daily Dosage Estimated Start Date

Developmental History:

At what age did your child start:

Walking?

Putting 2 words together?

Reading single words?

Doing simple addition and subtraction?

Personal and Family Medical & Psychiatric History

	Child	Mother	Father	Sibling(s)	Extended Family
ADHD					
Anxiety					
Autism					
Asthma					
Bipolar Disorder					
Depression					
Dyslexia					
Dyscalculia					
Seizures					
Fibromalgia					
Head Trauma					
Post-traumatic Stress disorder					
Schizophrenia					
Substance Use (including alcoholism)					
Suicide attempt					
Other:					

Past Psychiatric Medications:

Has your child ever been hospitalized for psychiatric reasons? If so when and for how long?

Has your child ever attempted suicide? _____ Has s/he ever engaged in cutting? _____