CHILD AND ADOLESCENT INTAKE FORM

Name _____ Male or Female Date _____ Age __

Birth Date _____ Race_____ School_____ Grade _____ Teacher _____

Please list people living in the same home as child with their name, age and relationship to child:

1. 3. 5.

2. 4. 6.

Please list other significant people *not* living in the same home as the child:

1. 2. 3.

Please check any areas in which your child is having problems since the suspected abuse occurred:

___ Aggressive behavior
___ Sleep problems
___ Anxiety
___ Behavior at home
___ Behavior at school
___ Sexualized behavior
___ Separation anxiety
___ Mood changes
___ Self-harm
___ Getting along with kids
___ Getting along with adults
___ Suicidal thoughts
___ Delinquent behavior
___ Fire setting
___ Hurting animals
___ Drug/alcohol use
___ Hygiene
___ Bedwetting
___ Daytime accidents
___ Academic performance
___ Nervous habits
___ Eating habits
___ Weight loss or gain
___ Other

Briefly explain the items you checked:

Are there any other concerns?

Please describe what type of discipline used in the home:

Please list any fears your child has:

Has your child been in the care of a therapist, psychologist or psychiatrist? ___ Yes ___ No

If so, please give the name, approximate time period of treatment:

Is your child currently taking any medication? ___ Yes ___ No

If so, please list the name, the reason, and the prescribing physician:

Has your child been hospitalized? ___ Yes ___ No If yes, for what reason?

Hospital name and location: Physician: