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Child Intake Questionnaire

Today's date: _____/_____/_____

1. Child's name: _____
(First) (Middle) (Last)

2. Age:_____ Date of birth: _____/_____/_____ Gender: M F

3. Ethnicity:
___Native-American ___Latino-American
___African-American ___Asian-American
___Caucasian ___Asian/Pacific Island
___Latino/Latina ___Other (please specify) _____

Family History

4. Name of child's biological parents:

Mother_____ Father_____

5. Who has legal guardianship of your child?_____

6. Who does your child currently live with?

Names	Relationship	Age	Date of Birth
			_____/_____/_____
			_____/_____/_____
			_____/_____/_____
			_____/_____/_____
			_____/_____/_____
			_____/_____/_____

7. Who are your child's significant others that are NOT living with you?

Names	Relationship	Age	Date of Birth
			_____/_____/_____
			_____/_____/_____
			_____/_____/_____

8. Has your child or any family member ever been in therapy or received counseling?
(please circle) Yes No

If yes, please describe (i.e. when, for how long, what for, why did it end):_____

_____

_____

_____

_____

_____

9. Does anyone in the child's family use currently (or in the past) any type of drug, tobacco, or alcohol? (please circle) Yes No

If yes, please describe:_____

_____

_____

_____

_____

_____

Medical History

10. What is the name of your child's primary care physician?_____

11. Does your child have any medical conditions?_____

_____

_____

12. Please list any medications your child takes on a regular basis:_____

_____

_____

Education History

13. What school does your child attend?_____

14. Teacher's Name:_____ Current Grade:_____

15. What does your child's teacher say about him/her?_____

_____

16. Has your child ever received special education services? (please circle) Yes No

If yes, please describe:_____

_____

17. Has your child ever experienced any of the following problems at school?

___Detention	___Fighting	___Learning Disabilities
___Poor Grades	___Suspension	___Incomplete Homework
___Gang Influence	___Drug/Alcohol	___Behavior Problems
___Lack of Friends		

Other History

18. Has your child ever experienced any type of abuse (physical, sexual, or verbal)?

(please circle) Yes No If yes, please describe:_____

_____

_____

_____

19. Has your child ever made statements of wanting to hurt him/her self or seriously hurt someone else? (please circle) Yes No Has he/she ever purposefully hurt himself or another? (please circle) Yes No If yes to either question, please describe:_____

_____

_____

_____

_____

20. Has your child ever experienced any serious emotional losses (such as death of or physical separation from a parent or other caretaker)? (please circle) Yes No If yes, please describe:

_____

_____

_____

21. What are some things that are currently stressful to your child and his/her family?_____

_____

_____

_____

Behavioral Information

What does your child currently do too often, too much, or at the wrong times that gets him/her in trouble?_____

_____

_____

_____

What does your child fail to do as often as you would like, as much as you would like, or when you would like?_____

_____

_____

_____

_____

What does your child do that you like? What does he/she do that others like?_____

_____

_____

_____

_____

What would you say are the top 3 family and/or behavioral concerns?

1. _____

2. _____

3. _____

Parent/Guardian Contact Information

Name:_____

Phone number: Cell:_____ Home: _____ Work: _____

Which number(s) may I use to contact you? (please circle) Cell Home Work

Which number(s) may I leave a voice message? (please circle) Cell Home Work

Address: _____

Mailing address (if different from above): _____

_____

Person or agency that referred you: _____

If no referral, how did you hear about me?_____