

Child & Teen Intake Questionnaire

Child's Name: _____ Age: _____ Date: _____

Your Name(s): _____ Relationship to Child: _____

Presenting problem and prior treatment

1. What is your major concern that led you to seek help?

2. What other concerns do you have?

3. Is there a particular reason you are seeking an appointment now?

4. Has the child ever had a psychological evaluation or had intellectual or achievement testing at school?

No _____ Yes _____ If yes, describe when, with whom and what were the results.

5. Has the child ever been in counseling, or have you ever sought help for these problems before?

No _____ Yes _____ If yes, enter the information below.

Date(s) and number of visits of most recent counseling :
Who did you see?
Explain what happened and the results:
Date(s) and number of visits of any earlier counseling :
Who did you see?
Explain what happened and the results:

6. Has the child ever taken medication for attention, behavior or mood problems? No ____ Yes ____

If yes, carefully enter the following information for each medication in the columns below.

Medication			
Dose			
Reason prescribed			
Dates Taken			
Prescribing Physician			
Benefits			
Problems			
If discontinued, why?			

Medical History

7. Has the child been to the doctor in the last year? No _____ Yes _____ If yes, were the current concerns discussed and if so, what recommendations were made? _____

8. How is the child's current health? Is the child being treated for anything? _____

9. Is the child allergic to anything including medications? No _____ Yes _____ If yes, please describe. _____

10. Has the child had any of the following? Mark an X and the ages when noted and then describe below.

	(X)	ages when happened
Allergies or food sensitivities	_____	_____
Ear infections, frequent colds	_____	_____
Poisoning or drug overdose	_____	_____
Serious illnesses or surgeries	_____	_____
Vision or hearing difficulties (besides glasses)	_____	_____
Speech disorders	_____	_____
Serious accidents/injuries	_____	_____
Any blows to the head or concussion	_____	_____
Any loss of consciousness or seizures	_____	_____
Very sensitive to feel of labels, seams or textures in clothes	_____	_____
Bothered by loud or unexpected noises	_____	_____
Very picky eater	_____	_____

11. Does the child get headaches? No _____ Yes _____ If yes, please describe the type, frequency and severity? _____

12. List any medications the child currently taking for other health problems in the columns below.

Medication			
Dose			
Purpose			
Date Started			
Physician			
Side Effects			

Developmental History

13. Were there any problems or unusual circumstances during the pregnancy, delivery or first months of life?

No _____ Yes _____ Don't know _____ If yes, please describe.

14. Was the child adopted? No _____ Yes _____ If yes, at what age? _____

15. As an infant, was the child difficult, demanding, hard to soothe, colic or have problems sleeping?

No _____ Yes _____ Don't know _____ If yes, please describe.

16. Were there any disruption or major difficulties that could have affected the child's bonding with his or her mother during the first three years?

No _____ Yes _____ Don't know _____ If yes, please describe.

17. Were there any developmental problems including delay in learning to crawl, walk or talk?

No _____ Yes _____ Don't know _____ If yes, please describe.

18. As a child, was the child extremely physically active or always "on the go"?

No _____ Yes _____ Don't know _____ If yes, please describe.

Psychosocial history

19. Please describe any of the following the child has experienced.

Problem Areas	Age(s)	Nature of event and impact on child
<p>Problems in family such as separation, divorce or remarriage of parent; psychiatric, alcohol or drug problems of parent or sibling, death or serious health problems of family member; change in living arrangements;</p>		
<p>Emotional, physical or sexual abuse; neglect, or exposure to domestic violence</p>		

Social Relations

<p>Problems in social network such as death or loss of close friends rejection by peers, or frequent moves causing loss of friends</p>		
<p>Educational problems including learning problems, problems with teachers or classmates, ridicule or bullying</p>		
<p>Problems with housing, living arrangements or sudden loss of family income, such as homelessness, frequent moves or suddenly not having family income</p>		
<p>Medical problems, illness or surgeries</p>		
<p>Problems related to the police, or interaction with the legal system, being a victim of a crime or a ward of the court</p>		
<p>Exposure to disaster, accidents or other trauma</p>		

20. What are the child's current living arrangements? If the parents are divorced, who has custody and what are the visitation arrangements?

21. How well does the child get along with his/her parents?

Mother/step-mother: _____

Father/step-father: _____

22. If the child is not living with both natural parents, what is his/her relationship with the non-custodial parents?

23. If birth parents are not together, how well do they get along, especially in regards to the child?

24. How well does the child get along with siblings?

25. How well does the child get along with other friends and peers?

26. Does your child have problems either understanding or expressing emotions? Does your child have problems with social awareness?

School History

27. What is your child's current grade? _____
28. What was the Grade Point Average on the most recent report card? _____
29. Is your child currently on an Individualized Education Plan (IEP), and if so, for what problem areas?

30. Please mark with an "X" when any of the following has been serious problem.

	Preschool/Kindergarten	Elementary School	Middle School	High School
Reading difficulties	_____	_____	_____	_____
Math difficulties	_____	_____	_____	_____
Writing difficulties	_____	_____	_____	_____
Poor grades	_____	_____	_____	_____
Homework problems	_____	_____	_____	_____
Behavior problems at school	_____	_____	_____	_____
Peer Problems	_____	_____	_____	_____
Hating school	_____	_____	_____	_____
Resource or special educations classes	_____	_____	_____	_____
After-school or summer tutoring	_____	_____	_____	_____

31. What things have you tried at home to solve any of the problems noted above?

32. Please circle any of the following that are current problems:

- | | |
|---|---|
| Reading problems marked by difficulty sounding out words, guessing at words or reading smoothly | Difficulty at written composition |
| Problems tracking while reading (losing place, missing words, complaining of headaches or eyes hurting) | Difficulty spelling |
| Difficulty remembering what was read | Poor handwriting (even if writing slowly) |
| Difficulty with math calculations | Difficulty drawing or copying figures |
| Difficulty understanding math concepts | Poor sense of direction |
| | Poor balance or coordination, clumsy |

33. Please describe your child's greatest strengths and any special abilities or talents. In what school subjects has he or she generally done best?

Attention problems

34. What problems, if any does the child have with daydreaming, staying on-task or being disorganized? At what age did you first notice this? Do the problems occur mainly at home, at school or in both places?

35. What problems, if any does the child have with hyperactivity, stimulus seeking or feeling restless? At what age did you first notice this? Do the problems occur mainly at home, at school or in both places?

36. What problems, if any does the child have with impulsivity or acting without thinking of consequences? At what age did you first notice this? Do the problems occur mainly at home, at school or in both places?

Oppositionality, anger and conduct problems

37. How cooperative is the child? If asked to do 10 things during a day, how many would they do correctly on the first request, without arguing or delaying? _____ How much do you feel the problem is with being defiant and uncooperative versus distractible or disorganized?

38. What problems, if any does the child have with irritability and anger? When angry, is the child more likely to let the anger go quickly or hold onto resentment?

39. Does the child ever become violent or destructive? Have they ever hurt anyone intentionally or threatened to kill someone? Have they ever been cruel to animals? What interest does the child have in weapons?

40. What problems, if any, does the child have with authority or with getting into trouble, unlawful activity or delinquent actions that could cause legal consequences?

41. In relating to others, what problems, if any, does your child have in terms of being cruel, manipulative or failing to show remorse when appropriate?

Depression

42. What problems does your child have with their feeling being too easily hurt? Are there any signs of problems with self-esteem? Are there particular things about him or her self your child feels bad about?

43. What problems, if any, does the child have with sadness, moodiness, withdrawing from friends or activities, looking unhappy, crying easily, or other signs of depression?

44. Has the child ever talked about wishing they were dead or discussed or attempted suicide?

Anxiety

45. What problems, if any, does the child have with fears, tension, anxiety, panic attacks, phobias, being very uncomfortable in new situations or extreme shyness? How has that changed over time?

46. How likely is the child to complain of not feeling well that may be related to stress or anxiety?

47. Does the child show intense fear; helplessness, upset or avoidance around anything that reminds them of any trauma such as having been a victim of, or witness to, violence, or having been in an accident?

No _____ Yes _____ if yes, please describe

48. Are there any ideas, fears or concerns about which the child obsesses or worries?

49. Does the child have any habits, rituals or other compulsive behaviors?

50. What problems does the child have with muscle or verbal tics? These are repetitive movements or noises such as eye blinking, facial twitching, or noises such as grunting, snorting, squeaking, or humming.

Other Problems

51. Does the child prefer to be alone or show little interest in having close relationships with peers outside family (but not shy)?

52. Is the child's style of speech "odd" (too exact, unusual tone or too formal)?

53. Does the child tend to become overly fascinated by one particular topic or become an expert in one particular subject such that it is all they want to talk or learn about? (The topics may change as they become older.)

54. Does the child become unduly upset by changes in routine?

Substance use

55. Does the child use tobacco or tried to smoke? Yes _____ No _____

56. Does the child drink coffee? How much other caffeinated beverages do they drink?

57. Do you have any knowledge or suspicion that the child has drank alcohol? If so describe.

58. Do you have any knowledge or suspicion that the child has used drugs? If so describe.

Other health related matters

59. What problems, if any, has the child had with eating, sugar cravings, dieting or maintaining weight? How healthy an eater is the child? Has the child ever been tried on any special diets?

60. How much activity or physical exercise does the child get?

61. (Adolescent females only) what problems, if any does the child have with unusual depression, irritability or discomfort during the week or so before the menstrual period?

62. Please circle any of the following sleep problems that your child has and then describe the severity or frequency in the space below:

- | | | |
|------------------------------|------------------------------|---------------------|
| Difficulty waking in morning | Frequent waking during night | Snoring |
| Difficulty falling asleep | Nightmares (bad dreams) | Bedwetting |
| Not rested after sleep | Sleeping too much | Delays going to bed |
| Physically restless sleep | Teeth grinding | |

63. Anything else it would be helpful to know about?

Family History

64. For each of the following, please identify any relatives (siblings, parents, grandparents, aunts or uncles) who may have had problems in these areas (i.e. "One of Mom's sisters took medication for depression.", "One of Dad's brother drank heavily from age 15 to 40 and then went into treatment").

Check here if father's family history is unknown. () Check here if mother's family history is unknown. ()

Problems with attention including being distractible, hyperactive or impulsive.

Problems in school or problems learning to read, write or do math.

Problems with oppositionality, anger, violence or criminal behavior

Depression
or Anxiety

Headaches/migraines/
seizures/neurological problems

Alcohol Problems
Drug abuse

Serious health problems

Other mental or emotional illness

Thank you for completing this form!