

# Intake: Child & Adolescent



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## Intake form for Children/Adolescents To be completed by the child's parent/guardian

Today's Date:

mm/dd/yyyy



Client Legal Name - Last, First

Date of Birth

Client Address

Who were you referred by:

### Household Composition - Primary Residence

List name, age, relationship of all living here

### Household Composition, Secondary Residence (If any)

List name, age, relationship of all in second home

### Parent's Marital Status / Family of Origin

Parent's marital status



Adoption Status



List Child's Siblings names and ages:

Current Medications

## List medications, dose, reason, effectiveness

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### Child's Medical History

Choose Any that Apply

- Asthma
- Recurrent Ear Infections/tubes
- Eye/Vision problems
- EEG, MRI, or CT
- Meningitis/encephalitis
- Seizures
- Head Injury/Concussion
- Developmental Delay
- Slow Weight Gain

Choose Any that Apply

- Bowel Problems
- Thyroid Disease
- Diabetes
- Measles, Whooping Cough, Mumps, Scarlet Fever, Pox
- Lead/Toxic chemical exposure
- Irregular Menstrual Period
- Pregnancy
- Palsy or Difficulties Walking

List any Allergies

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### List Hospitalization Dates

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Check any that apply in past 30 Days

- Can't Concentrate or pay attention
- Restless or Hyperactive
- Talks too much or talks out of turn
- Impulsive or acts without thinking
- Trouble staying seated
- Makes careless mistakes
- Fails to finish things he/she starts
- Irritability
- Daydreams or gets lost in thoughts
- Inattentive or easily distracted
- Difficulty following directions
- Police Contact
- Angry or resentfull
- Argues or does not follow rules
- Annoys others purposely
- Bullies/Threatens/Intimidates
- Physical Aggression
- Has set fires intentionally
- Stealing / Shoplifting
- Tantrums or loses temper easily
- Lies/blames others for own misbehavior
- Cruel to animals
- Violates Curfew / has run away
- Suspected Alcohol or Drug Use

### List Surgeries and Dates

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Check Any that apply in Past 30 Days

- Bedwetting/soiling self
- Has been bullied
- Frequent Sadness/irritabilty
- Tearful / Cries easily
- Low energy level
- Loss of interest in favorite activities
- Low self-esteem / Guilt
- Dislike of his/her body
- Gets feelings hurt easily
- Has trouble making or keeping friends
- Severe changes in mood
- Talks too much/too fast/changes topic quickly
- Thought racing
- Inflated self esteem
- Difficulty Controlling Emotions
- Worries about safety of self / others
- Unusual worries or fears
- Panic attacks
- Obsessive thoughts
- Panics when separated from parent
- Unusual behaviors dressing, bathing, mealtime or rituals
- Picky eater
- Self-injury / Cutting / Burning

### List Other Relevant Medical History

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Check Any that apply in past 30 days

- Sees/hears things that are not real
- Confused thinking
- Feels people are 'out to get' him/her
- Behaves like a younger child
- Has trouble communicating
- Sensory experiences /issues
- Makes repetitive sounds / movements
- Fascinated with parts of toys or machines
- Is not affectionate
- Lack of imaginary / pretend play
- Avoids / seems obsessed with certain things
- Does not seek to share interests
- Does not make friends / is in own world
- Does not keep eye contact
- Must follow rituals or routines
- Needs little sleep - rested after 3-4 hours
- Cannot fall asleep even though tired
- Problems staying asleep / nightmares
- Unable to care for hygiene/nutrition/basic needs
- Nervous ticks or other repetitive movements or noises
- Grief or loss
- LGBTQ concerns

- School Suspensions/Alternative School
- Inappropriate Sexual Activity
- History of unwanted sexual contact

- Suicidal thoughts / threats / actions
- Witness to domestic violence
- History of physical abuse

- Friendship or relationship problems
- History of sexual abuse

## Developmental History

How long was baby in hospital after birth?

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Baby's weight at birth

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Biological mother's age at birth

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If adopted, child's age at adoption.

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List complications at birth

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Problems experienced by mother during...

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This child's personality/ temperament age 0-3years

- Easy Going
- Slow to warm to others
- Demanding/difficult to please

List any missed developmental milestones

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Explain any Mental Health/Dependency Treatment

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## Educational History

School Attended:

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Current Grade

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Check all that apply:

- Child repeated a grade
- Child skipped a grade

If grade skipped/repeated: What Grade? Reason?

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What kind of grades does your child get?

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Are you satisfied with child's grades? Explain

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Check services your child has EVER received

- Special Ed/Resource Services
- Occupational Therapy
- Self-contained Classroom
- Speech /Language Therapy
- Social Work / Counseling at School
- Tutor or Class Aid
- IEP or 504 Plan
- After-School Help

Check any your child has difficulties with

- Peer Relationship Issues
- Spelling Difficulties
- Reading Difficulties
- Math Difficulties
- All Subject Difficulties
- Gifted/Accelerated Classes

## Community Linkage

Child sees school counselor/psychologist? ▼

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If yes, what is their name:

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Is child involved with court/legal system? ▼

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If yes, who is the probation officer assigned?

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Has family had involvement with CPS? ▼

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If yes, who is the caseworker assigned?

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## Activity

Hours /day child watches tv/videos or video game?

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Hours/day child spends completing homework:

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Child's Usual Bedtime?

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Child's usual wake up time?

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Usual number of hours slept at night?

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Describe Child's Special Interests or Hobbies

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Describe any job/work history your child has had.

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Describe child's strengths, talents, achievements

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Check all that apply in past 6 months:

- Change in household conflict
- Separation/Divorce
- Marriage
- Remarriage
- Death in Family
- Loss of job
- New Job

Check all that apply in last 6 months

- Change in Living Situation
- Trauma / Injury
- Serious Injury / Hospitalization
- New Baby
- Legal Trouble
- Change in Military Status
- Death of friend or peer

Discuss any family history mental health or addictive disorders.

Include the person's relationship to the child.

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List any other information about the child's history or family history that you would like us to be aware of?

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