

Comprehensive Intake Form

I. General Information:

Child's Name _____ Gender _____ Child's D.O.B _____

Ethnicity _____ Birth Place _____

Parent/Guardian's Name _____ Cell/ Home Phone _____

Address _____

Parent/ Guardian's Name _____ Cell/ Home Phone _____

Address _____

Marital Status: _____

Birth Parent's Name (if different) _____

Birth Parent's Name (if different) _____

If Parents are separated, please describe child's schedule and who has legal custody.

List all other persons living in the home or who care for child, including siblings.

Name	Age	Relationship to child	Present health
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Emergency Contact Name _____ Phone Number _____

City of Residence _____

Emergency Contact Name _____ Phone Number _____

II. Developmental/ Medical History:

Pregnancy/Birth: Any challenges? _____

Developmental Milestones: (Abnormalities?)

Sitting____ Crawling____ Walking____ Talking____ Speech____

Notes:_____

Toilet –Trained (age/ method challenges?)_____

Medical Problems or hospitalizations of child?_____

Medications taken by child?_____

Has there been any abuse of the child? If yes please describe below.

Physical____ Sexual____ Emotional____ Neglect____

Has there been any hospitalizations, traumatic injuries, or psychological traumas for the child? If so, please describe._____

Name of Physician_____

Family History:

Psychological/ Trauma History Parent 1(Birth):_____

Parent 2(Birth):_____

Describe Child's relationship with:

Each Parent _____

Each Sibling _____

Drugs and alcohol history in family (prescribed and non prescribed): _____

Please list any major changes or events in the child's and/ or family life (deaths, changes of residences, schools, etc.) _____

III. School History:

Child's School and Address _____

School Grade _____

Previous Schools: _____

Does your child have any learning challenges or disabilities? _____

Does your child display any challenging behaviors at school. If so please describe what the behaviors are and when they occur, and how frequent and the outcome: _____

Describe your child's most and least favorite school subjects:

IV. Weekly

Routine:

Hours of sleep per night? _____

What does your child do in the mornings before school? _____

Rate your child's level of independence in getting ready for school? 1-5 _____

What are 2 most common breakfasts for your child? _____

What are 2 most common lunch's for your child? _____

What are 2 most common dinners for your child? _____

Describe what your child's afternoon routine is like during the week. (Please include regular extracurricular activities, afterschool, play dates, home time, soccer practice.)

Mondays _____

Tuesdays _____

Wednesdays _____

Thursdays _____

Fridays _____

Sat/ Sun _____

During the week and weekend, how much time does your child spend per day watching T.V., playing on the computer, playing video games, playing with iphone or other screens

How often does your child spend outdoors? With what activities? _____

V. Activities and Interests:

What things does your child like to do? _____

What are your child's strengths? _____

What are your child's challenges? _____

List your child's favorite toys and games: _____

List type of movies your child likes: _____

What hobbies/ special activities or groups is your child involved or interested in? _____

How does your child play with other children? _____

VI. Parental Concerns:

What is it about your child that concerns you, why are you seeking help now? _____

When was it first noticed? _____

What do you feel caused your child's problem? _____

What have you been told by doctors, teachers and/or others regarding the problem? _____

