



Intake Paperwork (Child)

FOR PATIENTS UNDER AGE 18: TO BE COMPLETED BY PARENT/GUARDIAN

Child's Name: _____ **Date of Birth:** _____

Family Information:

Birth Mother:

Name: _____

Address: _____

Age: _____

Education: _____

Occupation: _____

If the child is living with a stepparent:

Name: _____

Address: _____

Age: _____

Education: _____

Occupation: _____

Birth Father:

Name: _____

Address: _____

Age: _____

Education: _____

Occupation: _____

If the child is living with another primary caregiver:

Name: _____

Address: _____

Age: _____

Education: _____

Occupation: _____

Please list all siblings (include step and half-siblings:

Name:	Age	Relationship	Where does he/she live?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If parents are separated/divorced who has custody of the child?

What is the custody/visitation agreement?

How often does the non-custodial parent see the child? (Check one)

- Weekly or more often
 One or twice per month
 Few times per year
 Once per year
 Less than once per year
 No contact

Developmental History:

Was pregnancy planned? _____ Length of Pregnancy: _____

Type of Delivery (vaginal, cesarean, breech): _____
 Duration of labor: _____ Type of anesthesia (if any): _____
 List any complications during pregnancy: _____

Did mother consume any alcohol, drugs, or prescription medication during pregnancy?

List any complications during labor or and/or delivery: _____

Baby's weight at birth: _____ APGAR Score (if known): _____
 List any problems at birth or while he/she was a newborn: _____

Developmental Milestones:

Please indicate if you think your child had difficulties or delays in the following areas, and indicate what age your child first engaged in each of the following behaviors:

Behavior	Check if delayed or a problem	Age behavior first displayed
Walking		
Talking in single words		
Talking in short sentences (2 or more words)		
Toilet Training (Daytime)		
Toilet Training (Nighttime)		
Other:		

Overall, do you feel child developed at a (circle one): slow normal advanced rate
 Explain: _____

School Functioning and History:

Current Classroom Setting (circle one): general education resource room
 self-contained: specify _____

What grades is your child currently achieving? _____

How does these grades compare to those he/she has achieved in the past? _____

What subject(s) does your child find the most difficult? _____

In what subject(s) does the child do well? _____

Does your child have behavior or discipline problems in school? (please describe):

When were you first aware that your child was having problems? _____

Has your child been evaluated for learning disabilities or emotional problems by the school psychologist or guidance counselor? If yes, when? _____

Describe results: _____

As far as you know, is the child on or below grade level in reading, spelling, math, or writing? Indicate:

Reading is (circle one): on grade level below grade level

Math is (circle one): on grade level below grade level

Writing is (circle one): on grade level below grade level

Spelling is (circle one): on grade level below grade level

Describe the problem areas: _____

Please describe any Special Education services your child is receiving: _____

Behavioral Functioning and History:

Describe behavioral concerns: _____

How cooperative is your child in doing what you ask? (circle one):

Worse than Average Average Better than Average

How responsible is your child in doing household chores?

Worse than Average Average Better than Average

How well does your child do in completing homework?

Worse than Average Average Better than Average

What is your child's attitude towards school?

Negative Neutral Positive

What are your child's favorite activities? _____

What other information is important for us to understand about your child? _____
