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CHILD AND ADOLESCENT INTAKE FORM

Child's Name _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Last grade completed in school: _____ Grade Average: _____

Father: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____ Highest Grade Completed: _____

Occupation: _____ Place of Employment: _____

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

E-Mail Address: _____ Religious Affiliation: _____

Mother: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____ Highest Grade Completed: _____

Occupation: _____ Place of Employment: _____

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

E-Mail Address: _____ Religious Affiliation: _____

Step-Parent or other Guardian: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____ Highest Grade Completed: _____

Occupation: _____ Place of Employment: _____

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

E-Mail Address: _____ Religious Affiliation: _____

Presenting Problem: _____

What languages are spoken at home? _____

How many homes has the child lived in? _____

With whom does the child share a bedroom and/or bed? _____

Who cares for the child during the day? _____

In what year were the natural parents married? _____

How many years were parents married before birth or adoption of 1st child? _____

In what year were the parents separated, if applicable? _____

Who has legal custody of the child? _____

Are you authorized to seek counseling for this child? Yes No

In what year was the custodial parent remarried, if applicable? _____

This child is: adopted natural. List any known problems encountered during this pregnancy: _____

What was child's birthweight? _____ Were eating/sleeping patterns regular irregular?

What was child's approach to new situations: Positive Withdrawn Slow to Warm up?

What was child's reaction to new stimuli? Intense Moderate Little or None?

When trying new things or encountering new situations, regardless of your child's initial reaction, would you describe your child as Adaptable Slow to Adapt Unadaptable

Your child's activity level would be described as: Extreme Moderate Quiet

What age was toilet training started? _____ What age was it established? _____

Describe any struggles, if any, with toilet training _____

Does the child ever wet the bed? Yes No How often? _____

Does the child wet primarily during the Night Day Both? Does the child ever soil? Yes No. Where is child usually when soiling or wetting occurs? _____

How is discipline handled in the home? _____

Describe any traumatic events that child has been through (deaths, abuse, moves, etc.) _____

List child's interests/hobbies/skills: _____

Is child attending school? Yes No Is child expected to Pass Fail this year?

What special services, if any, is the child receiving in school? In what subjects and for how many hours per day? _____

Is the child presently receiving counseling in the school? Yes No If yes, from whom? _____ Phone # _____ May we contact him/her? Yes No

Has the child ever failed a class or been held back? Yes No If yes, describe: _____

Past Consultations: Sources of help sought in the past (Psychologists, psychiatrists, etc.) _____

Please list any additional information which you feel we should know about: _____

Please list any other information about your child that you feel is important for us to know about: _____

BEHAVIORAL CHECKLIST

OBSERVATION	NEVER	SOMETIMES	OFTEN	ALWAYS
<u>EATING</u>				
Picky Eater	—	—	—	—
Overweight	—	—	—	—
<u>SLEEP</u>				
Restless	—	—	—	—
Difficulty getting to sleep	—	—	—	—
<u>FEARS & WORRIES</u>				
Afraid of new situations	—	—	—	—
Afraid of people	—	—	—	—
Afraid of being alone	—	—	—	—
Worries about death & illness	—	—	—	—
Afraid of the dark	—	—	—	—
<u>MUSCULAR TENSION</u>				
Gets still and rigid	—	—	—	—
Twitches or jerks	—	—	—	—
Shakes	—	—	—	—
<u>SPEECH</u>				
Stutters	—	—	—	—
Hard to understand	—	—	—	—
<u>ORAL NEEDS</u>				
Sucks thumb	—	—	—	—
Bites nails	—	—	—	—
Chews on clothes, blankets, hair, etc.	—	—	—	—
<u>IMMATURITY</u>				
Does not act his/her age	—	—	—	—
Cries easily	—	—	—	—
Clings to parents or other adults	—	—	—	—
Talks baby talk	—	—	—	—
<u>FEELINGS</u>				
Keeps anger inside	—	—	—	—
Gets pushed around by other children	—	—	—	—
Unhappy, quick mood changes	—	—	—	—
<u>ASSERTION</u>				
Bullying	—	—	—	—
Bragging and boasting	—	—	—	—
Sassy to grown-ups	—	—	—	—

OBSERVATION	NEVER	SOMETIMES	OFTEN	ALWAYS
<u>PEERS</u>				
Shy	—	—	—	—
Feelings easily hurt	—	—	—	—
Has no close friends	—	—	—	—
<u>SIBLING RELATIONS</u>				
Copies sibling(s)	—	—	—	—
Fights with sibling(s)	—	—	—	—
Physically or mentally cruel	—	—	—	—
Jealous	—	—	—	—
Tattles	—	—	—	—
<u>RESTLESS</u>				
Restless or overactive	—	—	—	—
Excitable, impulsive	—	—	—	—
Short attention span	—	—	—	—
Doesn't finish what he/she starts	—	—	—	—
<u>TEMPER</u>				
Temper outburst, explosive, unpredictable	—	—	—	—
Throws, breaks, destroys things	—	—	—	—
Pouts or sulks	—	—	—	—
Hurts others physically	—	—	—	—
<u>SCHOOL PROBLEMS</u>				
Is not learning up to potential	—	—	—	—
Does not like to go to school	—	—	—	—
Is afraid to go to school	—	—	—	—
Daydreams	—	—	—	—
Truancy	—	—	—	—
Will not obey school rules	—	—	—	—
<u>LYING</u>				
Denies any wrong	—	—	—	—
Blames others for mistakes	—	—	—	—
Tells stories that did not happen	—	—	—	—
<u>STEALING</u>				
From parents or family	—	—	—	—
At school	—	—	—	—
From stores and other places	—	—	—	—
<u>FIRE SETTING</u>				
Plays with matches or candles	—	—	—	—
Sets fires	—	—	—	—
<u>TROUBLE WITH THE LAW</u>				
Been in trouble with the law	—	—	—	—