Child Intake Form

Top of Form

Thank you for completing the intake assessment. This form not only saves time on the assessment, but it allows the therapist to more quickly zone in on the issues that are the most meaningful to you and your child. This means a more accurate diagnosis and treatment plan.

Who completed this form:



What brings your child in for services at this time?

Medications that your child currently takes:

OTC medications, vitamins or supplements that your child takes on a regular basis:

Check the disorders that your child has ever been diagnosed with:

 Diabetes

 Asthma/Breathing problems

 Heart problem(s)

 Stomach/gut problem(s)

 Migraines or chronic headache

 Serious physical trauma/wound(s)

 Autoimmune disease(s)

 Cancer (any)

 Developmental disorder(s)

 Anxiety disorder(s)

 Depressive disorder(s)

 ADHD

 Bipolar Disorder

 PTSD

 Substance use disorder

 Other mental health issue

 Other physical health issue

Check any substance that you suspect that your child has used, or addictions to non-chemicals.

 Nicotine

 Alcohol

 Cannabis (THC)

 Meth

 Cocaine or Crack

 LSD or Shrooms

 Pills (addictive types)

 Heroin

 Gambling

 Sex or Pornography

 Spending

 Food

 Internet

 Other

Check off all that you believe to be true about your child's developmental history:

 Child was born premature

 Mother had a C-section

 There were birth complications

 Mother used alcohol or drugs while pregnant with child

 There was a birth defect

 Child has learning disabilities

 Child has been in special education

 Child has vision problems

 Child has a history of hearing problems

 Child was in speech therapy

 Child was in occupational therapy

 Child had sensory difficulties

 Child had bone or muscle issues

Check off all that is true about child's family:

 Child's parents were never married

 Child's parents are divorced

 Child was adopted

 Child has siblings

 A parent has died

 Child does not live with either parent

 There are significant family problems

 A family member has had a mental health problem

 A family member has had a substance use disorder

Did your child ever experience any of the following:

 Physical abuse

 Emotional abuse

 Sexual abuse

 Physical neglect

 Emotional neglect

 Had a parent with a mental illness

 Had a parent who was ever incarcerated in prison

 Had a parent that abuse substances

 Saw his/her mother treated violently

 Had parents that divorced

Were there any other traumatic events in your child's life that has caused him/her significant distress or to avoid certain situations that remind him/her of the trauma(s)?

Name at least 3 of your child's biggest strengths.

1.

2.

3.

Over the past SIX MONTHS,which is the most accurate in describing your child:

Considerate of other people's feelings



Restless, overactive, cannot sit still long



Often complains of headaches, stomach-aches or sickness



Shares readily with other children (treats, toys, pencils etc.)



Often has temper tantrums or hot tempers



Rather solitary, tends to play alone



Generally obedient, usually does what adults request



Many worries, often seems worried



Helpful if someone is hurt, upset or feeling ill



Constantly fidgeting or squirming



Has at least one good friend



Often fights with other children or bullies them



Often unhappy, sad or tearful



Generally like by other children



Easily distracted, concentration wanders



Nervous or clingy in new situations, easily loses confidence



Kind to younger children



Often lies or cheats



Picked on or bullied by other children



Often volunteers to help others (parents, teachers, other kids)



Thinks things out before acting



Steals from home, school or elsewhere



Gets along better with adults than other children



Many fears, easily scared



Sees tasks through to the end, good attention span



Is there anything else that you would like the therapist to know before your diagnostic assessment?

Bottom of Form