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INTAKE FORM/CHILD/ADOLESCENT

Before you come for your appointment to our office, please complete this form. Some of the questions might be difficult to answer, but please give them a try. Try not to use words such as “average” or “normal” instead, describe the situation as it is. This form is confidential and will not be released to others without your written permission.

Parent's Signature _____ Today's Date _____

Child's Legal name _____ Nickname _____

Sex _____ Ethnicity _____ Birthdate _____ Age _____

Grade _____ School Name and Address _____

If this child has ever been known by another last name, please give that name:

Present Address _____ City _____ State _____ Zip Code _____

Legal Custodian/Guardian _____

Who is raising the child (circle all that apply):

Biological parents _____ Parent and step parent _____ Foster Parents _____
Single parent _____ Adoptive parents _____ Relatives _____
Institution _____ Other (explain): _____

Describe the people the child currently lives with:

Name of primary caregiver _____ Birthdate _____ Relation to child _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____ Ok to call Yes/No _____

Occupation _____ Employer _____

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Education of primary caregiver (circle highest grade): 1 2 3 4 5 6 7 8 9 10 11 12

Years of College: _____ Degree(s) attained: _____

Name of second caregiver Birthdate Relation to child

Address

Home Phone Work Phone Cell Phone Ok to call Yes No

Occupation Employer

Education (circle highest grade) 1 2 3 4 5 6 7 8 9 10 11 12

Years of College: _____ Degree(s) attained: _____

Other Children in This Child's Home:

Name Birthdate Relationship Grade/School

Marital status of biological parents (circle)

married never married living together
one parent dead custodial parent remarried separated
both parents dead divorced Other (specify): _____

Date of Marriage Date of Separations(s) Date of Divorce

Comments: _____

(please provide information on the child's natural parents if child is not living with them).

Other persons with whom this child has lived:

Name Relationship When

Name Relationship When

Name Relationship When

If the child was adopted:

Adoption agency Name: _____

Age when adopted	Date adopted	Does child know?
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Reaction of child to adoption: _____

If the child is a foster child:

Agencies involved: _____

Age when placed into foster care	Age when placed with these foster parents
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Age when placed into foster care	Age when placed with these foster parents
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Reaction of child to being in foster care: _____

Reason for foster care: _____

Physicians this child has seen (from most to least recent)

Current physician	Address	Date	Reason
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Current physician	Address	Date	Reason
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Past physician	Address	Date	Reason
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Past physician	Address	Date	Reason
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Hospitalizations

Hospital	Address	Date	Reason
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Hospital	Address	Date	Reason
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Hospital	Address	Date	Reason
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If any family member is or has seen any of the following professionals or agencies for treatment, indicate with an "X":

	This Child	Mother	Father	Sibling	Grand Parent
Physical Therapist	_____	_____	_____	_____	_____
Educational Specialist	_____	_____	_____	_____	_____
Psychiatric Hospital	_____	_____	_____	_____	_____
Mental Health Center	_____	_____	_____	_____	_____
Psychologist	_____	_____	_____	_____	_____
Psychiatrist	_____	_____	_____	_____	_____
Social Worker	_____	_____	_____	_____	_____
Marriage Counselor	_____	_____	_____	_____	_____
Pastoral Counselor	_____	_____	_____	_____	_____
Speech or Hearing	_____	_____	_____	_____	_____

Child's developmental history

Pregnancy:

Where was baby delivered? _____ Hospital _____ City _____
 birth weight: _____ lbs _____ oz. Birth height: _____ inches

Any drugs during Pregnancy? _____ During Delivery? _____

Problems with Labor? _____ With delivery _____

Prematurity or other complications? _____

At birth

Did baby cry immediately? Yes no explain: _____
 Did baby need oxygen? Yes No explain: _____
 Did baby need incubator? Yes No explain: _____

Growth and development

(record the age at which child accomplished the following)

Sat alone: _____ smiled _____ recognized you _____ crawled _____
 stood _____ walked alone _____ said words _____ used sentences _____

at what age did you begin toilet training?

When was child finally toilet trained?

Did wetting or soiling occur once trained? _____

does child wet now? Yes No daytime? _____ nighttime? _____

does child soil now? Yes No daytime? _____ nighttime? _____

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Daycare, preschool, school

Did child attend preschool? Yes No when? _____

How did child adjust? _____

Did child attend kindergarten? Yes No When? _____

How does child adjust? _____

Does your child have school problems? Yes No

If yes, please explain: _____

Is your child taking remedial classes? Yes No

If so what subjects and grades?

Does your child have any other school-related problems? Yes No

If so, Please explain: _____

School concerns

Has this child ever abused drugs? Yes No not sure

Do you have any concerns about this child's sexual behavior? Yes No

Does your child have strong fears? Yes No

If yes, please list: _____

Has this child been subjected to any of the following and how did she or he respond?

Parent separation or divorce: yes no

Death of a family member: yes no

Hospitalization of family member yes no

Loss or death of pet yes no

Discipline

How do you discipline your child (circle all that apply):

family sets and enforces rules discussion lecture
other physical punishment spank isolate
denial of privileges other: _____

Who disciplines child (circle all that apply):

Mother father others: _____

Parental agreement on discipline? Yes no

If no, why not? _____

Child's reation to discipline (circle all that apply):

pout	cry	tantrum	ignore	walk off	talk back
hit	accept	complain	yell		

Family Life

Number of family moves in child's life:

Length of residence in the present home:

Do the siblings get along? Yes no

please explain:

Tell about your other children in the household and how the child who is to be seen feels toward her or his sisters and brothers.

Recreation

How does child spend free time?

What kind of play does the child enjoy?

What special interests, hobbies, skills or sports does the child engage in?

What type of playmates does the child prefer (circle all that apply):

Older	younger	own age	all ages	adults	male
female	both genders				

Is the child a loner? Yes no

How many friends does your child have?

Does child have a best friend? Yes no age of friend?

What are the child's strong points, assets, or abilities?

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Your current reasons for seeking help?

What are your main concerns at the present time?

Did a specific event lead to this application? Yes no

If yes, what and when?

How have you prepared this child for the evaluation here?

Did someone else refer you here? If so, Why?

Is there anything significant the form did not ask you which you would like to add?

Do you have any questions you would like to ask during the first meeting?

Child's SS#

Health Insurance:

Policy Number

Group Number

Employer:

Guarantor:

DOB

SS#

Permission to bill insurance: _____