



Child Intake Form

Please provide the following information about your child:

Full Name: _____

Nick Name: _____

Birth Date: _____ Today's Date: _____

Behavioral Excesses:

What does your child currently do too often, too much, or at the wrong times that gets him/her in trouble? Please list all the behaviors you can think of.

Behavioral Deficits:

What does your child fail to do as often as you would like, as much as you would like, or when you would like? Please list all the behaviors you can think of.

Behavioral Assets:

What does your child do that you like? What does he/she do that other people like?

Others Concerns:

Do you have any other concerns about your child or your family that you have not mentioned yet?

Treatment Goals:

From your preceding list of your child's behavior and your family concerns, what problem behaviors do you want to see change FIRST: and how much must they change for you to be satisfied?

Family History:

The name of the child's biological parents:

Mother: _____ Father: _____

Who has legal guardianship of your child?

If guardianship/custody is with other than married birth Mother and Father, is there a court order that designates who has custody and who is responsible for making treatment decisions for your child? [circle one] **Yes No** [If yes, please provide copy of court order]

Who are other household members with your child?

Names	Ages	Relationship to child
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Who are your child's significant others NOT living with your child?

Names	Ages	Relationship to child
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Please describe any past counseling that either your child or any family member

Does anyone in the child's family use currently (or in the past) any type of drug, tobacco, or alcohol? _____ if yes, please describe:

Education History:

What school does your child attend?

Address:

Phone: _____ Teacher's Name: _____

Current Grade: _____

What does your child's teacher say about him/her?

Other schools attended (including pre-school):

Has your child ever repeated a grade? If so which one(s)?

Has your child ever received special education services?

Has your child experienced any of the following problems at School?

Fighting	Lack of friends	Drug/Alcohol	Detention
Suspension	Learning Disabilities	Poor attendance	Poor grades
Gang influence	Incomplete homework	Behavior problems	

Medical History:

What is the name of your child's primary care physician? _____

Address: _____ Phone: _____

Date of your child's last medical examination: _____

Do we have permission to contact your child's doctor to support continuity of care? __Yes __No

Did the child's mother smoke tobacco or use any alcohol, drugs or medications during the pregnancy? If so, please list which ones:

Did the child's mother have any problems during the pregnancy or at delivery? If so, please describe them:

Has your child experienced any of the following medical problems?

A serious accident	Hospitalization	Surgery	Asthma
A head injury	High fever	Convulsions/seizures	
Eye/ear problems	Meningitis	Hearing problems	
Allergies	Loss of consciousness	Other	

Please list any current medical problems or physical handicaps:

Please list any medications your child takes on a regular basis:

Other History:

Has your child ever experienced any type of abuse (physical, sexual, or verbal)? If so, please describe:

Has your child ever made statements of wanting to hurt him/herself or seriously hurt someone else?

Has he/she ever purposely hurt himself or another?
If yes to either question, please describe the situation:

Has your child ever experienced any serious emotional losses (such as a death of or physical separation from a parent or other caretaker)? If yes, please explain:

Finally, what are some of the things that are currently stressful to your child and his/her family?

What else is on your mind about your child?

Is there anything else you would like us to know?

Do you have questions or concerns? If so, what are they?

NOTES:

By signing below, I give my permission for Darleen Claire Wodzinski, PhD, LPC, NCC, and the staff of Orchard Human Services, Inc. to provide mental health, developmental, learning support, behavioral, and intervention services to my child:

Printed Name of child: _____

Printed name of parent/guardian? _____

Signature of parent/guardian: _____ Date: _____