Consulting & Counseling Associates

Child and Adolescent Intake Information Form

General Information

Today's Date______________________________

Child's Name__________________________ Preferred Name __________________________
Date of Birth____________________ Age_______ Birth Sex________ Gender (optional)__________________
Home Address____
City______________________________ State__________________ Zip Code________________________
Adolescent Cell Phone (______)______________________ Referred By______________________________
Is child adopted? ☐ Yes ☐ No If yes, at what age?_________ Religious Preference_____________________

Please describe the reason for your visit____
____

Mother's Name______________________________ Date of Birth__________________ Age________
Address (if different from child)____
Social Security Number__________________________ Occupation/Employer__________________________
☐ Home Phone (_____)________________________ ☐ Cell Phone (_____)__________________________
☐ E-Mail Address________________________________ Check (✓) preferred method of contact

Father's Name______________________________ Date of Birth__________________ Age________
Address (if different from child)____
Social Security Number__________________________ Occupation/Employer__________________________
☐ Home Phone (_____)________________________ ☐ Cell Phone (_____)__________________________
☐ E-Mail Address________________________________ Check (✓) preferred method of contact

In case of schedule changes/cancellations, who should be notified first? ☐ Mother ☐ Father ☐ Adolescent

Family Information

Marital Status of Child's Parents:
☐ Never Married
☐ Partnered How long?________
☐ Married How long?________
☐ Widowed How long? ________
☐ Separated How long?________
☐ Divorced How long?________

Custody of Child:
☐ Joint Custody ☐ Sole custody (which parent?): ☐ Mother ☐ Father
Does child have visitation with non-custodial parent? ☐ Yes ☐ No
Note: If we do not have permission to release information to the non-custodial parent, please provide relevant court documentation stating custody agreement.

Family and Household Composition: Please list immediate family and significant relationships.

Name	Relationship	Age	Residence (identify *Home* or *City/State*)	Mental/Physical Issues (specify)

Please check (✓) if any of the following apply to your child's family's history:
☐ Mental illness ☐ Emotional abuse ☐ Sexual abuse ☐ Physical abuse ☐ Alcohol or drug abuse

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School Information

School/Daycare/Preschool________________________________ City________________ Phone (_____)__________

Grade_______________ Primary Teacher (if applicable)____

Placement: ☐ Mainstream ☐ Special Education (IEP), type____

☐ Gifted/Honors ☐ Retention, what grade?________ ☐ Other services___________________

Describe strengths and problem areas____

____

Mental Health & Medical History

Please list any significant stressors your child has experienced (job change or loss, family illness or injury, accidents, deaths, moves, violence, crime victimization, etc.)____

____

____

Please list any previous mental health services (outpatient and/or inpatient) your child has received.

Provider/Agency/Hospital	Dates	Reason

Pediatrician/PCP____ Date of last physical examination___________________

May we contact your child's physician? ☐ Yes ☐ No

Please describe any serious illnesses, injuries or surgeries____

____

Please list all medications your child is currently taking and for what purpose.

Medication	Dosage	Date Prescribed	Purpose	Prescribed By

Please describe any medication side effects your child is experiencing_________________________________

____

Please describe any allergies your child has____

____

Is your child receiving any type of disability benefits? ☐ Yes ☐ No

Please list any current alcohol and/or drug use.

Name of Drug	Average Amount Used	Frequency of Use	Date of Last Use

Please check (✓) the following:

☐ Yes ☐ No Has your child ever felt guilty or concerned about his/her alcohol or drug use?
☐ Yes ☐ No Has your child ever felt he/she should cut down his/her alcohol/drug use (including prescription drugs)?
☐ Yes ☐ No Has a friend or relative discussed concerns about your child's alcohol or drug use?
☐ Yes ☐ No Have your child experienced legal problems due to his/her alcohol or drug use?

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Presenting Problems Checklist

(Parental Observations)

Please check (✓) all that apply to your child:

- ☐ Anger/Frustration
- ☐ Indecisiveness
- ☐ Change in Sleep Patterns
- ☐ Chronic Fatigue
- ☐ Overeating
- ☐ Loss of Appetite
- ☐ Vomiting after Meals
- ☐ Poor Self-Esteem
- ☐ Anxiety
- ☐ Nightmares
- ☐ Dizziness
- ☐ Fear of Rejection
- ☐ Tension Headaches
- ☐ Difficulty Concentrating
- ☐ Disorientation (not knowing where/who you are)
- ☐ Emptiness
- ☐ Impulses to Hurt Myself or Others
- ☐ Lack of Energy
- ☐ Confusion
- ☐ Visual and/or auditory Hallucinations
- ☐ Panic Attacks
- ☐ Phobias
- ☐ Heart Palpitations
- ☐ Alcohol/Drug Abuse
- ☐ Hyperventilation
- ☐ Worrisome Thoughts
- ☐ Intrusive Thoughts
- ☐ Menstrual Distress (PMS)
- ☐ Nausea/Diarrhea or Other Abdominal Distress
- ☐ Muscle Tension
- ☐ Depression or Extreme Sadness
- ☐ Social Withdrawal
- ☐ Irritability
- ☐ Trembling
- ☐ Suicidal Thoughts
- ☐ Compulsive Behaviors
- ☐ Memory Loss
- ☐ Mood Swings
- ☐ Suspiciousness
- ☐ Weight Gain/Loss
- ☐ Hopelessness
- ☐ Helplessness
- ☐ Worthlessness
- ☐ Parental Conflicts
- ☐ Work/School Problems
- ☐ Other:____

On-Going Issues

- ☐ On-going Difficult Interactions with:
  ____
  ____
  ____
- ☐ Significant Loss (Identify)__________________________________
- ☐ Infertility Issues
- ☐ Transgender Issues
- ☐ Insufficient Friendships
- ☐ Other:____

Please check (✓) if you/your child is currently involved with any of the following organizations/agencies:

☐ Child Protective Services	☐ Police	☐ Probation Officer	☐ Litigation/Court
☐ Big Brother/Big Sister	☐ SCAN	☐ Social Services	☐ Erin's House
☐ Council on Aging	☐ Hospice	☐ Other/Specify_______________________________________	

Please describe any pending legal matters (include visitation/custody proceedings)___________________________

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