



## Child Intake Form

Name of Child: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Preferred Pronouns: \_\_\_\_\_

Primary Guardian: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Birth Date \_\_\_\_\_

*Circle One:* Biological Mother Biological Father Adoptive Parent Foster Parent Other: \_\_\_\_\_

SSN \_\_\_\_\_ Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Contact: Home Cell Work Email Best Time to Contact: \_\_\_\_\_

Secondary Guardian: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Birth Date \_\_\_\_\_

*Circle One:* Biological Mother Biological Father Adoptive Parent Foster Parent Other: \_\_\_\_\_

SSN \_\_\_\_\_ Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Contact: Home Cell Work Email Best Time to Contact: \_\_\_\_\_

*Circle one*

Custody Arrangement: Married Joint custody Shared custody No arrangement (Never married)

*Circle one*

No arrangement (Divorced) Other: \_\_\_\_\_

Are there any current legal issues/Custody Agreements? NO YES: \_\_\_\_\_

## Treatment History

Is the client currently or previously receiving mental health treatment? YES or NO If yes, where \_\_\_\_\_

Are you willing to sign a Release of information? YES or NO

Is the client on any medications?

Name of Medication	Purpose of Medication	Dosage	Effective?

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Recent health problems and/or hospitalizations?

Date	Concern	Other

Do you have concerns about any of the following? *Please circle*

- |                   |            |                  |                    |
|-------------------|------------|------------------|--------------------|
| Anger Management  | Anxiety    | Sexual Behaviors | Severe Mood Swings |
| Eating Problems   | Fears      | Hyperactivity    | Behavioral Changes |
| Sleeping Problems | Depression | Alcohol/Drugs    | Problems at School |

Other: \_\_\_\_\_

**Household Information**

Household size: \_\_\_\_\_ Household income: \_\_\_\_\_

Children Living in the Household:

Last Name	First Name	Age	Gender	Relationship to Client
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Others Living in the Household:

Last Name	First Name	Age	Gender	Relationship to Client
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Person Completing Form: \_\_\_\_\_