

****Please star (*) or circle any information you would like to discuss without your child present.

PSYCHOLOGY INTAKE INFORMATION	MR #	
Caregiver completing this form (name and relationship):		

REFERRAL INFORMATION					
Patient's Name:		Home Address:			
Nickname:					
Who referred patient to this clinic?		Phone 1:		Phone 2:	
Primary Care Physician:		Parent Email Address:			
Physician's Phone:		Physician's Address:			
Is it okay to have reports mailed to Physician?	Yes		No		Unsure
Primary Reason(s) for Referral?					

PATIENT'S BACKGROUND INFORMATION/FAMILY DYNAMICS						
Date of Birth:		Age:		Gender:		
Ethnicity (circle all that apply):	African-American	Asian-American	Hispanic	Native American	Caucasian	Other: _____
Religious preference:						
Biological parents are:	Married	Engaged	Separated	Divorced	Never married	
****If biological/adoptive parents are NOT living in the same home, please fill out the accompanying <u>Parent Relationship Status Questionnaire</u> .						
Primary Caregiver name:				Secondary Caregiver name:		
	Biological	Step	Adoptive	Foster/Guardian	Biological	Step
Home Phone:		Work Phone:		Home Phone:		Work Phone:
Place of employment:				Place of employment:		
Occupation:				Occupation:		
Work schedule:				Work schedule:		
Other individuals living in the patient's home? (siblings, grandparents, etc)	Name	Age	Gender	Relationship to patient?		
Other individuals regularly involved? (grandparents, non-custodial parent/step-parent)	Name	How often?		Relationship to patient?		

MEDICAL AND DEVELOPMENTAL INFORMATION			
Did you and/or your doctor note any problems with pregnancy?	Yes	No	Unsure
Did you and/or your doctor note any problems with delivery?	Yes	No	Unsure
Any concerns with drug/alcohol abuse, tobacco use, or high blood pressure?	Yes	No	Unsure
What is your general impression of your child's development during infancy?			

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Indicate when your child achieved the following activities (enter age when skill was acquired or indicated if you felt it was <i>normal</i> or <i>delayed</i>)				
Sat alone (ave 6-8 mos)		Crawled (ave 9 mos)		Walked (ave 12-18 mos)
Fed self (ave 10-12 mos)		Spoke words (ave 10 mos)		Toilet trained (ave 2-3 yrs)
Does your child have any physical health problems that may interfere with normal functioning (vision, hearing, motor)?			Yes	No
If yes, please briefly describe:				
Any hospitalizations, surgeries, emergency room visits?	Yes	No	If yes, please briefly describe:	
Any current health concerns?	Yes	No	If yes, please briefly describe:	
Current medications?				
Allergies?				

MENTAL HEALTH HISTORY						
Has your child every received counseling services or psychotherapy?			Yes		No	
If yes, please list:	Dates	Provider	Diagnoses	Dates	Provider	Diagnoses
Have any family members received counseling services or psychotherapy in the past?			Yes		No	
If yes, please briefly describe:						
Does your child have a history of substance abuse?			Yes		No	
If yes, please briefly describe:						
Do any family members have a history of substance abuse?			Yes		No	
If yes, please briefly describe:						
What are your child's talents/skills?						
What are your child's weaknesses?						

SCHOOL INFORMATION				
Currently attends school?	Yes	No	Attended school last year?	Yes
Current grade level:			If summer, grade child will be entering:	
School name:			Teacher's Name(s):	
Current grades?			Last reporting period?	
Has the child ever been suspended, expelled, or retained in a grade?			Yes	
Has the child ever received early intervention or special education services?			Yes	
Extracurricular activities?				

ADDITIONAL INFORMATION			
Does the child have a legal history or offender issues?		Yes	
If yes, please describe:			
Do other family members have a legal history or offender issues?		Yes	
If yes, please describe:			

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PARENT RELATIONSHIP STATUS QUESTIONNAIRE		MR #	
****Please fill this questionnaire out if biological/adoptive parents are not living in the same home****			
Biological/adoptive parent completing this form (name and relationship):			

ADDITIONAL INFORMATION			
Biological/adoptive parents' relationship status? (please circle one and fill in additional information as necessary)	Separated Date: _____	Divorced Date: _____	Never lived together
Name of biological/adoptive parent not living in the home:		Biological	Adoptive
Home Address:			
Home Phone:		Place of employment:	
Occupation:		Work Phone:	
What is the current custody agreement? Has this always been the arrangement? If not, what was the agreement previously and why was it changed (e.g., court ordered change)?			
Does your child's other biological/adoptive parent know the child is here today?			
Does your child's other biological/adoptive parent agree with you bringing the child in?			
How often does the non-custodial biological/adoptive parent have contact with the child?			
What type of contact (e.g., phone, visitations)?			
How do you communicate with your child's other biological/adoptive parent?			
How difficult is it for you and your child's other biological/adoptive parent to reach decisions related to school, activities, medical decisions?			
How flexible are you when it comes to visitations?			
Do you have disagreements in front of your child?			
Any other information you feel is important?			