

MICHAEL FISH, PH.D.

Child's Intake Form

Child's Name: _____ Date: _____

Person Completing Form: _____ Referred By: _____

Birth Date: _____ Age: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

School: _____ Grade: _____ Special Class: _____

Father's Name: _____ Age: _____ Education: _____

Occupation: _____

Mother's Name: _____ Age: _____ Education: _____

Occupation: _____

Other Children at Home (Name and age):

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

Other adults living at home:

1) _____ 2) _____

3) _____ 4) _____

Please Describe Nature and Length of Problem:

FAMILY:

Child Lives With: Biological Mother____, Biological Father____,
Stepmother____, Stepfather____, Grandmother____,
Grandfather____, Fosterparents____, Other_____.

Do Biological Parents or Siblings Have Similar Problems? If Yes,
Describe: _____

Is There A History Of Drug Or Alcohol Abuse In The Family? If
Yes, Describe: _____

Is There A History Of Mental Illness In Either Side Of the
Child's Biological Family? If Yes, Describe: _____

Are There Current Marital Problems? If Yes, Describe:

Is There A History Of Divorce?, If So, Write The Dates, Where The Other Parent Lives, And Frequency Of Contact With The Child:

Describe Nature of Discipline Used At Home (Eg. Strict, Lenient, Inconsistent):

Describe Other Childrens' Problems At Home:

PREGNANCY HISTORY:

During Pregnancy
Did You Have:

	Yes	No	When	Describe
Alcohol _____				
Drugs _____				
Medications _____				
Smoke Cigarettes _____				
Illnesses _____				
Bleeding _____				
Vomiting _____				
Injury _____				
Emotional Problems _____				
Other Comments: _____				

BIRTH HISTORY:

Was The Child Natural Or Adopted? _____ If Adopted, At What Age _____ If Adopted, What Do You Know About The Biological Parents? _____

Was Pregnancy Full Term? _____ If Not, How Long? _____
 Were You Given Medications? _____ If Yes, What Kind? _____
 Did You Have Natural Child Birth? _____ If Not, What Kind? _____
 Was Labor Induced? _____ If Yes, Why? _____
 Was Delivery Unusual In Any Way? _____, If Yes, In What
 Way? _____
 What Was The Baby's Weight? _____ What Were The Apgar
 Ratings? _____
 Where There Any Complications? _____ If Yes, What Were
 They? _____

DEVELOPMENTAL HISTORY:

Age Smiled _____, Age Crawled _____, Age Walked Assisted _____,
 Age Walked Unassisted _____, Age Said 2-4 Words _____, Age Used
 Sentences _____, Age Toilet Trained _____, Age Kept Bed
 Dry _____ Age Weaned Off Bottle or Breast _____, Age Said "No"
 To Everything _____. Please outline any developmental
 delays _____

**Please Designate Your Child's Age Range At The Time The Following
 Descriptors Applied. Please Note N/A If Not Applicable.**

<u>Behavior</u>	<u>Age Range eg. (5-12yrs)</u>
Shy or Timid	_____
Did Not Want To Be Held	_____
Banged Head	_____
Ate Poorly	_____
Needed Excessive Attention	_____
Seldom Smiled	_____
Preferred to Play Alone	_____
More Interested In Things Than In People	_____
Unaffectionate	_____
Tore Up Toys More Often Than Others	_____
Sets Fires	_____
Stole Items From House	_____
Stole Items From Stores	_____
Bad Temper Tantrums	_____
Destructive To Things	_____

INTAKE FORM

- Destructive to Others _____
- Clumsy _____
- Poorly Coordinated _____
- Hyperactive _____
- In Own World _____
- Disorganized _____
- Unable To Share _____
- Trouble With Authority Figures _____
- Has Sleep Problems _____
- Eats Too Much _____
- Eats Too Little _____
- Unusual Fears _____
- Nightmares _____
- Cannot Sit Still _____
- Embarrassed To Take Child Into Public _____
- School Problems _____
- Bed Wetting _____
- Bowel Control Problems _____
- Easily Frustrated _____

Please Elaborate On Any Of The Problems Cited Above As To Their Severity and Frequency: _____

Please Describe Any Medical Problems Or Illnesses That Your Child Experienced During Childhood: _____

SCHOOL HISTORY:

Elementary School: Describe Average And Range Of Letter Grades, eg. (A, B, C, D, F): _____

Describe Behavior: _____

How Did Teachers Describe Your Child? _____

How Did Your Child Get Along With His Peers? _____

Did Your Child Attend Any Special Class Placements? _____ If
So, What Were Those Placements and When Were They Applicable, eg.
(From 1st to Fourth Grades, etc.)

Middle School: Describe Letter Grades, eg. (A,B,C,D,F): _____

Describe Behavior: _____

How Did Teachers Describe Your Child? _____

How Did Your Child Get Along With His
Peers? _____

Did Your Child Attend Any Special Class Placements? _____ If
So, What Were Those Placements, And During What Grades Were They
In Effect, eg., (Grades 6-8)? _____

High School: Describe Letter Grades, eg. (A,B,C,D,F) For Each
Year: _____

Describe Behavior: _____

How Did Teachers Describe Your Child? _____

How Did Your Child Get Along With His Peers? _____

Did Your Child Attend Any Special Class Placements? _____ If
So, What Were Those Placements And During What Years Were Those
Placements In Effect? _____

INTAKE FORM

Do School Personnel Report That The Following Described Your Child:

	<u>No</u>	<u>Yes</u>	<u>Don't Know</u>
Poor Reader _____			
Distractible _____			
Inattentive _____			
Unable To Sit Still _____			
Daydreams Excessively _____			
Aggressive _____			
Talks Excessively _____			
Does Not Complete Assignments _____			
Does Not Complete Homework _____			
Is Disorganized _____			
Gets Out Of Seat Without Permission _____			
Difficulty Following Directions _____			
Difficulty Remembering Directions _____			
Is Anxious _____			
Poor Self-Esteem _____			
Withdrawn _____			
Social Problems _____			
Achieving Below Potential _____			
Impulsive _____			
Oppositional or Defiant _____			

Additional
Comments: _____

SOCIAL BEHAVIOR:

Associates with Children Who Are: Older _____, Same Age _____, Younger _____, Mixed _____, With No One _____. Is Usually: The Leader _____, Follower _____, Mixed _____.
Is Timid _____, Is Aggressive _____, Can Share _____, Has One to Three Friends _____, Has More Than Three Friends _____, Other Seek Your Child Out _____, Can Make Friends Easily _____, Has Difficulty Maintaining Friendships _____,
Why _____,
Describe Any Recent Changes In Social Behavior _____

INTAKE FORM

Additional

Comments: _____

HOME BEHAVIOR:

Describe How Your Child Gets Along With Siblings: _____

Describe How Your Child Gets Along With Both Parents and/or Stepparents: _____

Describe Discipline Procedures Used: _____

Describe Your Child's Emotional State: _____

Do You Suspect Any Drug or Alcohol Abuse? If So Describe: _____

Has Your Child Ever Mentioned Or Attempted Suicide? _____.
If So, When _____

Has Your Child Had Any Dealing With The Police? _____. If So
Please Describe _____

INTAKE FORM

Please List Past Therapists, Psychiatrists, Learning Specialists, and Other Professionals Who Have Treated Your Child in the Past. List Names and Dates:

Please List Any Medications with dosages That Your Child is Currently Taking:

Discuss Any Other Concerns That You May Have:

THANK YOU FOR COMPLETING THIS FORM.