Psychiatric & Psychological Associates of Durham, PLLC
Serving Our Community For Over 40 Years
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CHILD & ADOLESCENT INTAKE INFORMATION FORM

Name of Child: _____ Age: ____ Date of Birth: ____/____/____

School: _____ Grade: ____ Today's Date: ____/____/____

- Who referred you to our practice? _____
- What are the current concerns / problems? (Please list and describe in order of importance)

  1.

  2.

  3.
- When did you first become aware of these problems?

- What do you think are the causes of these problems?

- How have you attempted to deal with these problems?

- Have you and/or your child/adolescent participated in any previous treatment to address these problems?

	Agency	Doctor/Therapist	Dates of Treatment	Was it helpful?
1.				Y / N
2.				Y / N
3.				Y / N

FAMILY HISTORY

Mother's Name: _____ Relationship: (circle) Biological / Adoptive
Age: ____ Phone: (H) _____ Step-parent
Phone: (W) _____ Guardian

Father's Name: _____ Relationship: (circle) Biological / Adoptive
Age: ____ Phone: (H) _____ Step-parent
Phone: (W) _____ Guardian

Parent's marital status: (circle)

Married	_____ years
Separated	_____ years
Divorced	_____ years
Never married	_____ years
Widowed	_____ years

	Name	Age	Relationship
Other adults living in the home: Relative(s)	_____		
Others(s)	_____		

Children / Adolescents living in the home:

	Name	Age	Relationship
Sibling / Relative:	_____		
Sibling / Relative:	_____		
Sibling / Relative:	_____		
Sibling / Relative:	_____		
Sibling / Relative:	_____		
Other / Non-Relative:	_____		

- Describe the quality of the relationship the child / adolescent has with his/her family members: (circle)

Mother: _____Excellent / Good / Fair / Poor / Describe _____
_____
Father: _____Excellent / Good / Fair / Poor / Describe _____
_____

Sibling: _____ Excellent / Good / Fair / Poor / Describe _____
Sibling: _____ Excellent / Good / Fair / Poor / Describe _____
Sibling: _____ Excellent / Good / Fair / Poor / Describe _____
Sibling: _____ Excellent / Good / Fair / Poor / Describe _____
Sibling: _____ Excellent / Good / Fair / Poor / Describe _____
Sibling: _____ Excellent / Good / Fair / Poor / Describe _____
Sibling: _____ Excellent / Good / Fair / Poor / Describe _____

- **Place a check √ mark beside each significant problem <u>for each family member</u>**

PROBLEM	Mother	Father	Siblings' Names Here _____	_____	_____	_____	_____
Problems with attention or hyperactivity as a child							
Learning Disabilities							
Aggressive, oppositional or defiant behavior as a child							
Antisocial behavior as an adult (assaults, thefts, arrests etc.)							
Depressive Disorder							
Bipolar Disorder (Manic-Depressive)							
Suicidal thoughts or behaviors							
Anxiety Disorder							
Psychosis / Thinking Disorder (Schizophrenia, SchizoAffective)							
Eating Disorder							
Alcohol Abuse - Dependence							
Substance Abuse - Dependence							
Victim of verbal abuse							
Victim of physical abuse							
Victim of sexual abuse							
Other (please specify)							

DEVELOPMENTAL HISTORY

- Pregnancy (please √ check)

1. Birth Schedule / Weight: □ Full Term Baby □ Premature _____ weeks □ _____ lbs. (birth weight)
2. Delivery was: □ Normal □ Breech □ Caesarian □ Induced □ Forceps
3. Condition at birth □ Normal □ Jaundice / Yellow □ Blue □ Other _____
4. Fetal distress □ No □ Yes _____
5. Mother on medications: □ No □ Yes _____
6. Tobacco, alcohol, drugs: □ No □ Yes _____
7. Labor complications: □ No □ Yes _____
8. Infant health problems: □ No □ Yes _____
   _____

- Infant health and development (please √ check)

1. Early feeding problems: □ No □ Yes _____
2. Colicky: □ No □ Yes _____
3. Sleeping difficulties: □ No □ Yes _____
4. Eating difficulties: □ No □ Yes _____
5. Illness / Health problems: □ No □ Yes _____
6. Alert and responsive: □ No □ Yes _____

7. Overall Activity level: □ low □ moderate (average) □ high (very active)
8. Easy / Difficult baby?: □ easy □ average □ challenging □ very difficult
9. Developmental Milestones:
   - ♦ Speech □ early □ normal □ late Spoken Language _____
   - ♦ Motor □ early □ normal □ late
     □ slow □ quick □ coordinated □ awkward
     □ restless □ hyperactive
   - ♦ Toilet trained
     Bowel □ early □ normal □ late _____
     Bladder □ early □ normal □ late _____

MEDICAL HISTORY

- Child / Adolescent overall health history (please √ check)

1. Overall health has been: □ very good □ good □ fair □ poor □ very poor
2. Hearing: □ very good □ good □ fair □ poor □ very poor
3. Vision: □ very good □ good □ fair □ poor □ very poor
4. Gross motor coordination: □ very good □ good □ fair □ poor □ very poor
5. Fine motor coordination: □ very good □ good □ fair □ poor □ very poor

6. Sleeping difficulties: □ No □ Yes _____
7. Eating difficulties: □ No □ Yes _____
8. Chronic health problems: □ No □ Yes _____
9. Hospitalizations: □ No □ Yes _____
10. Past medications: □ No □ Yes _____
11. Current medications: □ No □ Yes _____
12. Chemical use:
    - Alcohol □ No □ Yes _____
    - Cigarettes □ No □ Yes _____
    - Drugs / Chemicals □ No □ Yes _____

13. Illnesses / Injuries:
    □ Mumps □ Chicken Pox □ Whooping cough
    □ Measles □ Pneumonia □ Scarlet fever
    □ Encephalitis □ Lead poisoning □ Chronic ear infections
    □ Seizures □ High fevers □ Dehydration

    □ Broken bones □ Severe lacerations □ Severe bruises
    □ Head injury with loss of consciousness □ Eye injury

SCHOOL HISTORY

Grade Level	Performance / Grades	Subject Difficulty	Emotional / Behavioral Difficulty
Preschool / Daycare			
Kindergarten			
Grades 1 - 3			
Grades 4 - 5			
Grades 6 - 8			
Grades 9 - 12			

- Has your child repeated any grades? ☐ No ☐ Yes _____
- Has you child attended summer school? ☐ No ☐ Yes _____
- Diagnosed specific learning disabilities ☐ No ☐ Yes _____
- Special education / 504 plan / IEP ☐ No ☐ Yes _____
- Speech or language therapy ☐ No ☐ Yes _____
- Occupational therapy ☐ No ☐ Yes _____
- Gifted programming ☐ No ☐ Yes _____
- Detention, ISS, Suspension, Expulsion ☐ No ☐ Yes _____

- Strongest academic subjects: _____
- Weakest academic subjects: _____

SOCIAL / EMOTIONAL DEVELOPMENT

1. Does your child play or get along well with peers? □ Yes □ No _____
2. Does your child get along well with teachers? □ Yes □ No _____
3. Does your child show affection easily? □ Yes □ No _____
4. Does your child have best friend(s)? □ Yes □ No _____

5. Are your child's friends typically: □ the same age □ younger □ older ... than your child
6. Who is your child closest to? _____
7. Is your child sexually active? □ No □ Yes □ Don't know
8. Has your child ever witnessed violence? □ No □ Yes _____
9. Has your child ever suffered abuse?
   - Emotional abuse □ No □ Yes _____
   - Physical abuse □ No □ Yes _____
   - Sexual abuse □ No □ Yes _____

10. What are your child's individual strengths? _____
    _____
    _____
11. What your child's interests / hobbies? _____
    _____
    _____

SYMPTOM CHECKLIST

*(*Place a check √ mark in the appropriate box)

Inattention

	Not at all	Just a little	Pretty much	Very much
• Fails to give close attention to details or makes careless mistakes in schoolwork, work or other activities				
• Difficulty sustaining attention in tasks or play activities				
• Does not seem to listen when spoken to directly				
• Does not follow through on instructions and fails to finish school work, chores, or duties in the workplace (not due to oppositional behavior)				
• Difficulty organizing tasks and activities				
• Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort, such as school or homework				
• Loses things necessary for tasks or activities, such as toys, books, tools				
• Easily distracted by extraneous stimuli				
• Forgetful in daily activities				

Hyperactivity & Impulsivity

	Not at all	Just a little	Pretty much	Very much
• Fidgets with hands or feet or squirms in seat				
• Leaves seat in classroom or in other situations where inappropriate				
• Runs about or climbs excessively inappropriately or excessive restlessness				
• Difficulty playing or engaging in leisure activities quietly				
• Is "on the go" or acts as if "driven by a motor"				
• Talks excessively				
• Blurts out answers before questions have been completed				
• Difficulty awaiting turn				
• Interrupts or intrudes on others conversations or activities				

(Place a check √ mark in the appropriate box)

Disruptive Behaviors

	Not at all	Just a little	Pretty much	Very much
• Loses Temper				
• Argues with adults				
• Actively defies or refuses adult requests or rules				
• Deliberately does things that annoy other people				
• Blames others for own mistakes				
• Is touchy or easily annoyed by others				
• Is angry or resentful				
• Is spiteful or vindictive				
• Swears or uses obscene language				
• Bullies, threatens, or intimidates others				
• Initiates physical fights				
• Has used a weapon that can cause harm				
• Has been physically cruel to people or animals				
• Has stolen while confronting a victim				
• Has forced someone else into sexual activity				
• Has deliberately engaged in fire setting				
• Has deliberately destroyed others' property				
• Lies to obtain favors or to avoid obligations				

Mood and Anxiety

	Not at all	Just a little	Pretty much	Very much
• Depressed or irritable mood most of the day, nearly every day				
• Diminished interest or pleasure in all, or almost all, activities, most of the day, nearly every day				
• Significant weight loss or weigh gain (or) decrease or increase in appetite nearly every day				
• Difficulty sleeping or oversleeping nearly every day				
• Fatigue or loss of energy nearly every day				
• Feelings of worthlessness (or) excessive or inappropriate guilt nearly every day				
• Recurrent thoughts of death, recurrent suicidal thoughts, or a suicide attempt or specific plan for suicide				
• Explosive temper or marked mood swings with little provocation				
• Excessive anxiety or worry				
• Recurrent distressing recollections or dreams of a traumatic event				
• Brief periods of intense fear or discomfort, with increased heart rate, sweating, trembling, shortness of breath, dizziness, or fear of losing control				
• Excessive anxiety concerning separation from home or major attachment figures				
• Persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or possible scrutiny by others				

Other Symptoms

	Not at all	Just a little	Pretty much	Very much
• Motor or vocal tics				
• Little or no interest in peers				
• Initiates or terminates social interactions inappropriately				
• Excessive reactions to changes in routines				
• Bizarre ideas (or) hallucinations				
• Relentless pursuit of a thin body, despite hunger and threat of starvation				
• Periods of binge eating and / or purging food				