



SWANSON PSYCHOLOGY, INC.
A Psychological Corporation

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CHILD AND ADOLESCENT INTAKE QUESTIONNAIRE

Please be advised, this information is **strictly confidential**. Accordingly, any disclosure of this information is strictly prohibited without your express written permission.

Today's Date: _____ Completed by: _____

Background Information:

Child's Name: _____

Child's Date of Birth: _____ Chronological Age: _____

School: _____ Grade: _____

Mother's Name: _____ Home Phone: _____

Mother's Address: _____

Mother's Occupation: _____ Work Phone: _____

Father's Name: _____ Home Phone: _____

Father's Address: _____

Father's Occupation: _____ Work Phone: _____

Marital Status:

Mother: Single __; Married __; Partnered __; Divorced __; Remarried __; Widowed __

Father: Single __; Married __; Partnered __; Divorced __; Remarried __; Widowed __

Referral Information:

Referred by: _____

Describe the reasons you are requesting this evaluation of or therapy for your child. If possible, list specific questions for which answers are sought.

Language spoken in the home if not English: _____

List all people now living in the household, then draw a line and list others who have lived with the child (please note dates):

	(1)	(2)	(3)
Name:	_____	_____	_____
Relationship:	_____	_____	_____
Name to child:	_____	_____	_____
Age:	_____	_____	_____
With child now?	_____	_____	_____
Occupation:	_____	_____	_____

	(4)	(5)	(6)
Name:	_____	_____	_____
Relationship:	_____	_____	_____
Name to child:	_____	_____	_____
Age:	_____	_____	_____
With child now?	_____	_____	_____
Occupation:	_____	_____	_____

Early Temperament

Describe your child's temperament during the first six months (i.e., sleep patterns, colic, eating patterns).

Developmental History

Note the approximate ages of the following:

Toileting: _____ Sitting unsupported: _____
Urine daytime: _____ Walking alone: _____
Urine nighttime: _____ Using single words: _____
Bowel daytime: _____ Using two or more
Bowel nighttime: _____ words together (2-3 words): _____
Which hand does your child prefer? Right ____ Left ____ Mixed ____
Approximate age established: _____

Medical History

Please list sicknesses operations and injuries. Note history of frequent ear infections, ruptured eardrums, tubes, and include the age when they occurred and severity. Please pay special attention to head injuries, any loss of consciousness, convulsing, or very high fever.

Is there anyone in your immediate family or biologically related to your child that currently experiences or has previously experienced the following?

Nervous tics: Yes: ____ No: ____ Who? _____

Seizures (epilepsy): Yes: ____ No: ____ Who? _____

Depression: Yes: ____ No: ____ Who? _____

Bipolar Disorder: Yes: ____ No: ____ Who? _____

Thyroid problems: Yes: ____ No: ____ Who? _____

Emotional problems: Yes: ____ No: ____ Who? _____

ADHD: Yes: ____ No: ____ Who? _____

Learning problems: Yes: ____ No: ____ Who? _____

Language problems: Yes: ____ No: ____ Who? _____

Mental retardation: Yes: ____ No: ____ Who? _____

Left-handedness: Yes: ____ No: ____ Who? _____

Similar problems as child: Yes: ____ No: ____ Who? _____

Does any disease run in the family?

Yes: ____ No: ____ If so, what? _____

Indicate any medication(s) your child is currently taking and prescribing physician. (Please include dosage and the reason for taking it.)

Medication(s)	Dose (mg./ml.)	Frequency/ Time	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indicate any medication(s) your child has taken in the past for more than a month and the prescribing physician. (Include dosage and the reason for taking it.)

Medication(s)	Dose (mg./ml.)	Prescribing Physician	Reason for Stopping
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child's vision been examined? Yes: ____ No: ____

If so, by whom? _____

Date last examined: _____

Results: _____

Has your child's hearing been examined? Yes: ____ No: ____

If so, by whom? _____

Date last examined: _____

Results: _____

Other special medical tests (EEG, CAT scan, MRI):

Name of test: _____ Date tested: _____

Results: _____

Name of test: _____ Date tested: _____

Results: _____

Name of test: _____ Date tested: _____

Results: _____

Have there been any previous psychological, psychiatric or neurological evaluations? If so, please list names, addresses and dates of contact. Please also attach any pertinent reports.

Date(s)	Name of Assessor	Phone	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Social/Emotional/Behavioral History

List your child's personality characteristics, both positive and negative:

Note any particular behavioral concerns (e.g., eating habits, sleeping patterns, level of activity, sibling relationships, peer relationships, moodiness, difficulties paying attention, destructiveness, unusual habits, fears, tenseness, etc.).

Describe your current discipline techniques:

Who disciplines? _____

Do parents agree on how to discipline? _____

Explain: _____

Describe how does your child respond to discipline?

School History

List previous schools attended with dates or years:
(Please include nursery school and preschool)

School

Grades / Dates Attended

List current teachers and subjects taught:
(Please bring copies of prior report card to the first meeting)

Teacher's Name	Subject Taught	Current Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permission to talk to teachers and school personnel? Yes ____ No ____

If yes, please initial: _____

Describe any learning/behavioral/social difficulties at school:

Has your child received any special services in school (e.g., resource room, tutors, remedial reading, speech therapy, etc.)?

Date Placed: _____ How often? _____

Has your child received any special services privately? Yes ____ No ____

(1)

(2)

Name: _____

Phone: _____

Type of Service: _____

Date begun: _____

(3)

(4)

Name: _____

Phone: _____

Type of Service: _____

Date begun _____

Describe services, how often seen, length of time, effectiveness:

(1) _____

(2) _____

(3) _____

(4) _____

Has your child ever repeated a grade? Yes ____ No ____

If so, When? _____

What was the problem? _____

MOTHER'S CHECKLIST

Child's Name: _____

Date Completed: _____

Instruction: Answer Yes only if the behavior is considerably more frequent than that of most children the same age as your child and has persisted for at least six (6) months.

Section A

Yes

No

- | | | | |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Often has difficulty sustaining attention in tasks or play activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Often does not seem to listen when spoken to directly. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions). |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Often has difficulty organizing tasks and activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework). |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools). |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Is often easily distracted by extraneous stimuli (sights or sounds or objects unrelated to the task at hand). |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Is often forgetful in daily activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Some of the behaviors listed under Section A have been present before age 7. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | The behaviors listed under Section A cause problems at home, school and/or elsewhere. |

Section B

Yes

No

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Often fidgets with hands or feet or squirms in seat. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Often leaves seat in classroom or in other situations in which remaining seated is expected. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness). |

- | | | | |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Often has difficulty playing or engaging in leisure activities quietly. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Is often "on the go" or often acts as if "driven by a motor." |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Often talks excessively. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Often blurts out answers before questions have been completed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Often has difficulty waiting for turns. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Often interrupts or intrudes on others (e.g., butts into conversations or games). |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Some behaviors listed under Section B have been present before age 7. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | The behaviors listed under Section B cause problems at home, school and/or elsewhere. |

Section C

Yes No

Aggression towards people and animals

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Often bullies, threatens, or intimidates others. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Often initiates physical fights. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Has used a weapon that can cause serious physical harm to others (e.g., bat, brick, broken bottle, knife, gun). |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Has been physically cruel to people. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Has been physically cruel to animals. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery). |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Has forced someone into sexual activity. |

Destruction of property

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Has deliberately engaged in fire setting with the intention of causing serious damage. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Has deliberately destroyed others' property (other than by fire setting). |

Deceitfulness or theft

- | | | | |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Has broken into someone else's house, building or car. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Often lies to obtain goods or favors or to avoid obligations (i.e., "con" others). |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery). |

Serious violations of rules

13. Often stays out at night despite parental prohibitions, beginning before age 13.
14. Has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period).
15. Is often truant from school, beginning before age 13 (for older person, absent from work).

Section D

Yes **No**

1. Often loses temper.
2. Often argues with adults.
3. Often actively defies or refuses adult requests or rules, e.g., refuses to do chores at home.
4. Often deliberately does things that annoy other people (e.g., grabs other children's hats).
5. Often blames others for his or her own mistakes or misbehavior.
6. Is often touchy or easily annoyed by others.
7. Is often angry and resentful.
8. Is often spiteful or vindictive.

Section E

Instruction: Answer Yes only if the response is clearly not due to a general medical condition.

Yes **No**

1. Seems to experience a depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., "I feel sad or empty") or observation made by others (e.g., appears tearful). *Note: In children and adolescents, this can include irritable mood.*
2. Appears to have experienced a markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others).
3. Has experienced a significant weight loss not related to dieting or has experienced a significant weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
4. Has been sleeping too much or too little nearly every day.

- 5. Has displayed an increase or decrease in motor activity nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
- 6. Has experienced fatigue or loss of energy nearly every day.
- 7. Has experienced feelings of worthlessness or excessive or inappropriate guilt nearly every day (not merely self-reproach or guilt about being sick).
- 8. Has experienced a diminished ability to think or concentrate, or seems more indecisive, nearly every day (either by subjective account or as observed by others).
- 9. Has experienced recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
- 10. The symptoms listed in Section E cause significant distress or impairment in social, academic, occupational, or other important areas of functioning.
- 11. To the best of your knowledge, are the symptoms listed in Section E related to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

If so, please explain: _____

- 12. To the best of your knowledge, are the symptoms listed in section E related to bereavement (i.e., after the loss of a loved one).
- 13. Have the symptoms listed in Section E persisted for longer than 2 months.
- 14. Does your child possess a preoccupation with suicidal ideation.

Section F

Yes No

- 1. Experienced excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- 2. Has difficulty controlling the worry.
- 3. Feels restlessness or feeling keyed up or on edge.
- 4. Is easily fatigued.

- 5. Experiences difficulty concentrating or mind going blank.
- 6. Is often irritable.
- 7. Reports muscle tension.
- 8. Has experienced a disturbance in sleep (e.g., difficulty falling or staying asleep, or restless unsatisfying sleep).
- 9. Experiences panic attacks.
- 10. Has unusual obsessive rituals, interests or thoughts.
- 11. Has multiple physical complaints.
- 12. Has intense fears.

If so, please explain: _____

- 13. Avoids public places.
- 14. Is afraid to separate from parents or primary care givers.
- 15. Has experiences a major or traumatic life event.

If so, please explain: _____

16. The symptoms listed in Section F cause significant distress or impairment in social, academic, occupational, or other important areas of functioning.

17. To the best of your knowledge, are the symptoms listed in Section F related to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

FATHER'S CHECKLIST

Child's Name: _____

Date Completed: _____

Instruction: Answer Yes only if the behavior is considerably more frequent than that of most children the same age as your child and has persisted for at least six (6) months.

Section A

Yes

No

- | | | | |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Often has difficulty sustaining attention in tasks or play activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Often does not seem to listen when spoken to directly. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions). |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Often has difficulty organizing tasks and activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework). |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools). |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Is often easily distracted by extraneous stimuli (sights or sounds or objects unrelated to the task at hand). |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Is often forgetful in daily activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Some of the behaviors listed under Section A have been present before age 7. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | The behaviors listed under Section A cause problems at home, school and/or elsewhere. |

Section B

Yes

No

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Often fidgets with hands or feet or squirms in seat. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Often leaves seat in classroom or in other situations in which remaining seated is expected. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness). |

- | | | | |
|--------------------------|--------------------------|-----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Often has difficulty playing or engaging in leisure activities quietly. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Is often "on the go" or often acts as if "driven by a motor." |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Often talks excessively. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Often blurts out answers before questions have been completed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Often has difficulty waiting for turns. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Often interrupts or intrudes on others (e.g., butts into conversations or games). |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Some behaviors listed under Section B have been present before age 7. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | The behaviors listed under Section B cause problems at home, school and/or elsewhere. |

Section C

Yes No

Aggression towards people and animals

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Often bullies, threatens, or intimidates others. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Often initiates physical fights. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Has used a weapon that can cause serious physical harm to others (e.g., bat, brick, broken bottle, knife, gun). |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Has been physically cruel to people. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Has been physically cruel to animals. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery). |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Has forced someone into sexual activity. |

Destruction of property

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Has deliberately engaged in fire setting with the intention of causing serious damage. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Has deliberately destroyed others' property (other than by fire setting). |

Deceitfulness or theft

- | | | | |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Has broken into someone else's house, building or car. |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Often lies to obtain goods or favors or to avoid obligations (i.e., "con" others). |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery). |

Serious violations of rules

13. Often stays out at night despite parental prohibitions, beginning before age 13.
14. Has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period).
15. Is often truant from school, beginning before age 13 (for older person, absent from work).

Section D

Yes **No**

1. Often loses temper.
2. Often argues with adults.
3. Often actively defies or refuses adult requests or rules, e.g., refuses to do chores at home.
4. Often deliberately does things that annoy other people (e.g., grabs other children's hats).
5. Often blames others for his or her own mistakes or misbehavior.
6. Is often touchy or easily annoyed by others.
7. Is often angry and resentful.
8. Is often spiteful or vindictive.

Section E

Instruction: Answer Yes only if the response is clearly not due to a general medical condition.

Yes **No**

1. Seems to experience a depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., "I feel sad or empty") or observation made by others (e.g., appears tearful). *Note: In children and adolescents, this can include irritable mood.*
2. Appears to have experienced a markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others).
3. Has experienced a significant weight loss not related to dieting or has experienced a significant weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day.
4. Has been sleeping too much or too little nearly every day.

- 5. Has displayed an increase or decrease in motor activity nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
- 6. Has experienced fatigue or loss of energy nearly every day.
- 7. Has experienced feelings of worthlessness or excessive or inappropriate guilt nearly every day (not merely self-reproach or guilt about being sick).
- 8. Has experienced a diminished ability to think or concentrate, or seems more indecisive, nearly every day (either by subjective account or as observed by others).
- 9. Has experienced recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
- 10. The symptoms listed in Section E cause significant distress or impairment in social, academic, occupational, or other important areas of functioning.
- 11. To the best of your knowledge, are the symptoms listed in Section E related to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

If so, please explain: _____

- 12. To the best of your knowledge, are the symptoms listed in section E related to bereavement (i.e., after the loss of a loved one).
- 13. Have the symptoms listed in Section E persisted for longer than 2 months.
- 14. Does your child possess a preoccupation with suicidal ideation.

Section F

Yes No

- 1. Experienced excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- 2. Has difficulty controlling the worry.
- 3. Feels restlessness or feeling keyed up or on edge.
- 4. Is easily fatigued.

- 5. Experiences difficulty concentrating or mind going blank.
- 6. Is often irritable.
- 7. Reports muscle tension.
- 8. Has experienced a disturbance in sleep (e.g., difficulty falling or staying asleep, or restless unsatisfying sleep).
- 9. Experiences panic attacks.
- 10. Has unusual obsessive rituals, interests or thoughts.
- 11. Has multiple physical complaints.
- 12. Has intense fears.

If so, please explain: _____

- 13. Avoids public places.
- 14. Is afraid to separate from parents or primary care givers.
- 15. Has experiences a major or traumatic life event.

If so, please explain: _____

16. The symptoms listed in Section F cause significant distress or impairment in social, academic, occupational, or other important areas of functioning.

17. To the best of your knowledge, are the symptoms listed in Section F related to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).