Parent's Intake Questionnaire: (Please print or type)

Today's date_____

Child's name _____ Age_____
Birthdate_____/_____/_____ Gender _____

Form completed by _____Relationship to child_____

Family History

Mother's Name_____ Age _____

Occupation_____Education_____

Number of marriages_____ Any significant medical problems?
_____
_____

Please list any serious illnesses, accidents, or surgeries in the
past_____
_____

Any present or previous psychiatric treatment or therapy? ( ) Y ( ) N If yes, reason for treatment and how long ago?
_____
_____

Any history of substance abuse (drug or alcohol)? ( ) Y ( ) N If yes, please describe
_____
_____
_____

Father's Name _____ Age_____

Number of Marriages_____ Any significant medical problems?
_____
_____

Please list any serious illnesses, accidents, or surgeries in the
past_____
_____

Any present or previous psychiatric treatment or therapy? ( ) Y ( ) N If yes, reason for treatment and how long ago?

_____
_____

Any history of substance abuse (drug or alcohol)? ( ) Y ( ) N If yes, please describe
_____
_____
_____

Siblings (please indicate if half-siblings)

Name _____ Age _____

Name _____Age _____

Name _____Age _____

Name _____Age _____

Stepparent or Guardian Name _____

Relationship _____ Occupation _____

Number of Marriages_____ Any significant medical problems?
_____
_____

Please list any serious illnesses, accidents, or surgeries in the
past_____
_____

Any present or previous psychiatric treatment or therapy? ( ) Y ( ) N If yes, reason for treatment and how long ago?
_____
_____

Any history of substance abuse (drug or alcohol)? ( ) Y ( ) N If yes, please describe
_____
_____
_____

Stepparent or Guardian Name _____

Relationship _____ Occupation _____

Number of Marriages_____ Any significant medical problems?
_____
_____

Please list any serious illnesses, accidents, or surgeries in the past_____
_____

Any present or previous psychiatric treatment or therapy? ( ) Y ( ) N If yes, reason for treatment and how long ago?
_____
_____

Any history of substance abuse (drug or alcohol)? ( ) Y ( ) N If yes, please describe
_____
_____
_____

Marital Status of Parents:
( ) Currently together ( ) Separated ( ) Divorced ( ) Widowed ( ) Single

Date of present marriage _____
Date of separation _____ or divorce _____

Who has legal custody? _____ Primary physical custody?
_____

If child is not with natural parents, when and why did separation occur?
_____
_____
_____

Current Living Situation

Type of living quarters? (house, duplex, apartment, etc.) _____

Child's living/sleeping arrangements (e.g. shares room with siblings, has bunk beds)
_____
_____

Are all of your children living with you? ( ) Y ( ) N If not, specify with whom they are living:
_____
_____

Reason they are living there
_____
_____

Are any of your children, whether living with you or not, under the jurisdiction of the juvenile court of Department of Children and Family Services, or CPS (wards of the court, dependents of the court)? ( ) Y ( ) N If yes, who is involved in the change?
_____

Please check all that apply:

_____ Separation Date: _____

_____ Divorce Date: _____

_____ Death of a family member? If so, who? _____

_____ Frequent changes of residence Date of last move: _____

_____ Prolonged illness or absence of either parent

Who usually cares for your child when parents are unable to do so?
_____

History of Child's Problem

In your own words, describe your child's problem or condition as you see it:
_____
_____
_____
_____
_____

Describe what methods have been used in trying to help with these difficulties:
_____
_____
_____
_____

In what way(s) do you think I can help you?
_____
_____
_____
_____

Medical History

Describe your child's current general health:
_____
_____
_____

Has your child ever had any serious illnesses, accidents, or operations? ( ) Y ( ) N
Describe each incident and specify child's age:
_____
_____
_____
_____

Is your child allergic to any foods, medications, or any other outdoor or indoor substances (e.g. pollen, dust, grass, fabrics) ( ) Y ( ) N If yes, please describe:
_____
_____
_____

Has your child ever had any psychiatric treatment or previous therapy? ( ) Y ( ) N
If yes, please give details:
_____
_____
_____

Child's Developmental History

Motor Development

At what age did your child start: sitting _____ crawling _____walking _____
When was toilet training begun? _____
Bladder control: complete for day _____ complete for night _____
Bowel control: complete for day _____ complete for night _____
Any history of occupational therapy? ( ) Y ( ) N If yes, please describe
_____
_____
_____

Language Development

Languages spoken in the home _____

At what age did your child start to: babbling _____ 1 word _____2 word sentences _____

Speech difficulties: [please check all that apply]

Does not talk ____ Lisp ____ Delayed speech ____ Repeated syllables ____

Mispronounced words ____ Stutter ____ Other ____ Please describe:
_____
_____
Previous speech therapy? ( ) Y ( ) N Frequency?
_____
Duration? _____

Sexual Development

Has your child expressed curiosity about sexual matters to a parent? ( ) Y ( ) N
About what?
_____
_____

Has your child been given information about any of the following areas by a parent? ( ) Y ( ) N
Please check all that apply:

_____The differences between boys and girls.	_____ Wet dreams
_____How a woman becomes pregnant	_____ Masturbation
_____How a baby develops and is born	_____Birth control
_____Menstruation	_____Intercourse

Other concerns of the parent:
_____
_____

Social Development

Does your child have any difficulty making friends? ( ) Y ( ) N
Describe:
_____
_____
_____
_____
Does he/she prefer friends that are: ___ his or her own age ___ older ___ younger
___ adults

Describe any of your child's special interests and hobbies:
_____
_____
_____
_____

Daycare

List name, setting (daycare, homecare, relative), ages begun and ended for each:
_____
_____
_____

Preschool

Name _____ Age begun _____ Age ended _____
Child's general experience:
_____
_____
_____

Strengths

Describe your child's strengths:
_____
_____
_____
Describe mother's strengths:
_____
_____
Describe father's strengths:
_____
_____
Describe the strengths of your family:
_____
_____
_____

Please offer any additional comments, questions, or information:
_____
_____
_____
_____
_____