



500 Franklin Village Drive, Suite 212
Franklin, MA 02038

Phone: 508-613-6380
Fax: 508-530-3623

Intake Form -- Child/Adolescent

Child's Name: _____ Date of Birth: _____

Gender: _____ Child's Phone or Email: _____

Address: _____

Street Address

City

State

Zip Code

Mailing Address: _____

(If Different)

Street Address

City

State

Zip Code

Child's School: _____ Grade: _____

Caregiver #1 Name: _____ Relationship: _____

Caregiver #1 Phone #: _____ May we leave a message? _____

Caregiver #1 Email: _____

Caregiver #1 Occupation/Employer: _____

Caregiver #2 Name: _____ Relationship: _____

Caregiver #2 Phone #: _____ May we leave a message? _____

Caregiver #2 Email: _____

Caregiver #2 Occupation/Employer: _____

Party accepting responsibility for billing: _____

Emergency Contact: _____

Name/Relationship

Phone #

How were you referred to the *Family & Educational Wellness Center*? Please elaborate on your response in the space following:

1. Previous Client _____
2. Therapist/counselor _____
3. School district _____
4. Advertisement _____
5. Attendance at a parent workshop _____
6. Internet search _____
7. Other _____

Child and Family History

Any current medical conditions or allergies? _____

Has your child been previously diagnosed with any learning, emotional, or behavioral difficulties? If yes, please describe: _____

Is your child currently on any medication? If yes, please list: _____

Does your child have siblings: Yes No If yes, please list their names and ages below:

Who currently lives in the home with your child: _____

Developmental Profile

Did your child meet all developmental milestones within normal limits:

Sitting? _____ Standing? _____ Walking? _____

Talking? _____ Potty Training? _____

Do you have any developmental concerns? _____

Is your child currently on an IEP/504 plan at school? _____

School Clinician/Contact: _____ Phone: _____

Any school behavior or performance concerns? _____

Is your child involved in any extracurricular activities? _____

What are your child's strengths? _____

What activities does your child enjoy? _____

Does your child make friends easily? Yes No

Do you have any concerns with regards to your child's peers? _____

Do you have any nutritional concerns for your child? Yes No

Has your child used substances? Yes No When did he/she start using substances? _____

Is your child currently using substances? Yes No

If yes, what substance and how frequently? _____

Current Presentation
(Caregiver Portion)

What are the current presenting difficulties from your perspective? _____

How long have these problems, symptoms, or issues been present? _____

Has your child previously received mental health treatment? Yes No (If yes, describe dates, names of facility/therapist, presenting issues, outcome):

What information/assistance are you seeking? _____

Current Presentation
(Child Portion)

What are the current presenting difficulties from your perspective? _____

How long have these problems, symptoms, or issues been present? _____

What information/assistance are you seeking? _____
