# Child/Adolescent Clinical Intake

Please complete this form to the best of your knowledge.

**PATIENT IDENTIFICATION**

Child's Name_____ Today's Date_____
Address_____
City_____ State_____ Zip_____
Home Phone #_____
Birth Date_____ Age _____ Sex _____
School_____ Grade_____

Mother's Name:_____ Mother's Preferred Phone#:_____
Mother's Address:_____

Father's Name:_____ Father's Preferred Phone#:_____
Father's Address:_____

Who is the child currently living with? _____
Legal Guardian:_____
Name of person completing this form_____

**Emergency Information**
In case of emergency, contact:
Name:_____Relationship_____ Phone_____

## It is your responsibility to inform Milestone Counseling of changes in address, phone number, and insurance coverage.

**It is often beneficial to provide or exchange information with your other health providers for the most complete care. Are you willing to sign a Release of Information form so that we may coordinate care with your other providers?** ___No ___Yes

Current concerns you have for your child :_____
_____
Has therapy been discussed prior to the appointment? ___Yes ___No
If yes, what was the child's reaction?_____

**Goals:** When my child is done with therapy they will…_____
_____

**What are the <u>most important</u> skills you would like you and your child to build?**

___Ability to manage stress
___Anxiety management
___Following directions
___Build confidence in skills and abilities
___Build parenting strategies
___Improve ability to accept "no"
___Improve social skills
___Increase ability to express feelings
___Conflict resolution
___Build self-esteem
___Problem solving skills
___Improve mood
___Improve ability to cope with change
___Improve cooperation with rules
___Ability to more appropriately express anger/frustration
___Having appropriate boundaries with others

**Strengths**

| | | | |
|---|---|---|---|
| ___Good at reading | ___Good at math | ___Confident | ___Caring |
| ___Tries hard at school | ___Organized | ___Wise | ___Athletic |
| ___Enthusiastic | ___Good friend | ___Helpful | ___Nature enthusiast |
| ___Trustworthy | ___Positive | ___Observant | ___Considerate |
| ___Good listener | ___Adventurous | ___Independent | ___Appreciative |
| ___Creative | ___Good with animals | | |

___Other:_____

**Current Activities or Interests:**_____
_____
_____

# FAMILY IDENTIFICATION AND HISTORY

Please name each person (including parents, stepparents, adoptive parents, or full, half or step siblings) **CURRENTLY** living in the same household as this child:

## Primary Household

| Name | Relationship to child | Age | Grade or Occupation | Quality of Relationhip |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Secondary Household (if applicable)

| Name | Relationship to child | Age | Grade or Occupation | Quality of Relationhip |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Custody and Parenting Plan:** ___Lives with both parents __Single parent __Shared Custody
Current Parenting Schedule if shared custody: _____

**Child's Cultural Identity** (sense of belonging to a nationality or ethnicity):_____

**Biological Mother's Family History:** Age_____ Employment_____
School: Highest grade completed_____ Marriages_____
**alcohol/drug abuse:** ___self __mother __father __sister __brother
**significant depression:** ___self __mother __father __sister __brother
**significant anxiety***:* ___self __mother __father __sister __brother
**other known mental illness in the family:**_____
**suicide or suicide attempts:** ___self __mother __father __sister __brother
**anger problems***:* ___self __mother __father __sister __brother
**learning disability:** ___self __mother __father __sister __brother
Has mother ever experienced ___Physical Abuse ____Sexual Abuse ___Emotional Abuse

**Biological Father's Family History:** Age_____ Employment_____
School: Highest grade completed_____ Marriages_____
**alcohol/drug abuse:** ___self __mother __father __sister __brother
**significant depression:** ___self __mother __father __sister __brother
**significant anxiety***:* ___self __mother __father __sister __brother
**other known mental illness in family:**_____
**suicide or suicide attempts***:* ___self __mother __father __sister __brother
**anger problems***:* ___self __mother __father __sister __brother
**learning disability:** ___self __mother __father __sister __brother
Has father ever experienced ___Physical Abuse ___Sexual Abuse ___Emotional Abuse

**Life Stressors** (Please note any life stressors that are ***currently*** impacting your child):

| | |
|---|---|
| ____Moved | ____Changed school |
| ____School harassment, bullying, or violence | ____Serious illness or injury in family |
| ____Family financial problems | ____Job change in family |
| ____Parent starting work outside home | ____Support group deficit |
| ____Divorce or separation | ____Sibling leaving home |
| ____Family legal problems | ____Educational struggles |
| ____Parental conflict/family violence | ____Housing inadequate |

# DEVELOPMENTAL HISTORY

**Prenatal events:**
Check: Planned pregnancy____ Unplanned pregnancy____
Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc.)_____
_____

Is child adopted? ____Yes

**Birth and Postnatal period:**
Delivery: Full-term_____ Premature_____ C-section_____
Any complications: _____
Post-delivery blues? _____ If yes, how long? _____

**Motor Development:** (rolling over, sitting up, walking, bike riding, fine and gross motor coordination): ___ within normal limits ___delayed ___received occupational therapy
Specific issues: _____

**Language Development:** (saying several words besides dada, mama by 1 year; naming several objects by 15 months; 3 words together – subject, verb, object by 24 months; articulation)
___ within normal limits ___delayed ___received speech therapy
Specific issues: _____

**Early Social Development:** (smiling, shy with strangers, ability to separate from parent, relationships with family members) ___within normal limits ___delayed
Specific issues: _____

**Early emotional development** (prior to age 5 years)**:**

| | | | |
|---|---|---|---|
| Check: | irritable | happy | cried excessively |
| | easily calmed | content | defiant |

**Early behavioral/discipline problems** (prior to age 5 years)**:**

| | | |
|---|---|---|
| disobeyed | property destruction | stealing |
| rule breaking | fire setting | harming animals |
| physical harm to others | harm to self | lying |

**Toilet training:**
age reached bowel control: day_____ night_____
age reached bladder control: day_____ night_____
**current** concerns, if any: _____

**Methods of discipline:**
___Time outs ___Discussions ___Taking away items ___Spanking
___Yelling ___Grounding ___Taking away privileges
Other:_____
How frequently used or needed? _____

**Sexual Development:**
Do you have any questions or concerns regarding your child's sexual development?: __Y __N
If yes, please describe your question/concerns:_____
_____
If female, has your child begun their monthly periods? ___Yes ___No
If yes, at what age did her period begin?_____
Does your child experience any significant mood swings related to her period? ___Yes ___No

Has your child sought any sexual information from you? ___Yes ____No
If yes, please describe nature of questions and manner they were handled:_____
_____
Has your child ever engaged in concerning or inappropriate sexual behaviors such as:
___inappropriate sexual talk ___excessive masturbation ___touching others inappropriately
___exposing themselves ___inappropriate boundaries ___highly sexualized behavior/play
___excessive interest in sexual matters ___attempting to see others naked
___utilizing Internet pornography ___using other forms of pornography
Is your child sexually active? ___Yes ___No ___ Don't Know

**Educational History:**
Number of schools attended_____ Grades repeated_____
Average grades_____ Homework problems_____
Any specific learning disabilities:_____
Special services child receives (Title I, Special Ed, etc..):_____
Strengths/activities in school:_____
What have teachers said about the child/teen_____

**Child's Legal History:**
Does your child have a history of any legal charges? ___No ___Yes
If yes, please describe:_____
Is child currently on probation? __No ___Yes
If yes, name of probation officer and county:_____

**Spirituality:**
Does your family have a religious preference? ___Yes ___No Preference:_____
Are your spiritual beliefs an important part of your family life? ___Yes ___No ____Somewhat

# Childhood Health Issues

| Health Issues | Yes | No | Unknown | If yes, what age? | If yes, still occurring? |
|---|---|---|---|---|---|
| **Seizures** | | | | | |
| **Appetite Problems** | | | | | |
| **Head injury** | | | | | |
| **Asthma** | | | | | |
| **Trouble hearing/chronic ear infections** | | | | | |
| **Trouble with vision** | | | | | |
| **Other serious illness** | | | | | |
| **Hospitalizations** | | | | | |
| **Surgery** | | | | | |
| **Constipation issues** | | | | | |

**Is your child currently under the care of a doctor/health provider?** ___No ___Yes
If yes, Name: _____ Clinic: _____
**Describe your child's current physical health:**
___Excellent___Good___Fair___Poor

**Current medical diagnosis or concerns?** _____

**Any known allergies:**_____

**What medications is your child currently taking, if any?**
Medication_____ Dose: _____
Medication_____ Dose: _____
Medication_____ Dose: _____

**Is your child currently under the care of a psychiatrist?** ___No ___Yes
If yes, Name:_____Clinic:_____

**Has child/adolescent ever been hospitalized for mental health issues or suicidal thoughts?**
___No ____Yes/Facility:_____ Date: _____

**Has your child participated in therapy (group, individual, family) previously?** __Yes __No
If yes, what clinic or provider did your child see? _____
_____

# Current Symptoms

When reviewing these symptoms, please mark only those behaviors that are occurring more often that you would typically see for someone at your child's stage of development.

**Group A**

___Persistently sad or unhappy
___Low self-esteem
___Loss of interest in things previously enjoyed
___Anger and rage
___Recurrent thoughts of death
___Socially isolating/avoiding others
___Grades have dropped
___Irritable
___Feelings of worthlessness
___Difficulty concentrating
___Suicidal comments
___Engaging in self-harming behavior
___Crying easily/frequently
___Loneliness
___ Headaches, stomachaches, etc. without cause
Changes in appetite: ___Increase ___Decrease
Changes in sleep pattern: ___trouble falling asleep ___trouble staying asleep __sleeping a lot
Changes in activity level: ___low energy ___more restless than usual

**Group B**

___abrupt, rapid mood swings
___excessive talkativeness
___decreased need for sleep
___engaging in risky behaviors
___periods of extreme hyperactivity
___exaggerated ideas about self or abilities
___racing thoughts
___severe and persistent irritability nearly every day
___prolonged, explosive temper tantrums or rages that are out of the range of normal for their developmental level

**Group C**

___excessive anxiety and worry
___child has a hard time turning off worries
___restlessness
___muscle tension
___irritability
___need for perfection
___test anxiety
___difficulty concentrating
___excessive shyness
___easily fatigued
___difficulty sleeping
___lacks confidence in abilities
___intense distress when separating from parent figure
___nightmares involving theme of separation
___refusal to go to school because of fear of separation
___persistent worry about something bad happening to a parent figure
___persistent fear of a life event separating the child from the parent
___persistent fear or reluctance of being alone or without parent figure
___refusal to go to sleep without parent figure nearby
___complaints of physical symptoms (headaches, stomachaches, nausea, diarrhea)
___excessive and unreasonable fear of an object or situation: ___getting shots ___vomiting ___seeing blood ____bugs ____dark ___other:_____
___compulsive behaviors: ___counting ___hoarding ___checking ___organizing ___hand washing ___repeating words ___other:_____
___obsessive thoughts, impulses or mental images that cause the child significant distress or anxiety

**Group D**

___often fidgets with hands or feet, or squirms in seat
___often leaves seat in situations in which remaining seated is expected
___running or climbing in situations where that is inappropriate
___blurts out answers to questions before they have been completed
___talks excessively
___often interrupts or "butts in" to others' games
___often has difficulty waiting in line or taking turns
___difficulty playing quietly
___very restless, as if "driven by a motor"
___easily distracted
___does not seem to listen
___tendency to seek instant gratification
___often loses things necessary for tasks or activities (school assignments, pencils, books)
___seems disorganized, loses things needed for school
___act without considering the consequences
___is often forgetful in daily activities
___makes careless mistakes on schoolwork or other activities/fails to pay attention to details
___often does not follow through on instructions

**Group E**

___often loses temper
___often refuses to follow rules or adults' requests
___often deliberately does things to annoy others
___often blames others for mistakes/misbehavior
___often argues with parents or teachers
___is often angry or resentful
___is often spiteful or vindictive
___is often touchy; easily annoyed by others

**Group F**

___often bullies, threatens or intimidate others
___skips school
___has deliberately destroyed others' property
___has been physically cruel to other people
___sets fires/dangerous play with fire
___has broken into someone else's house or car
___has stolen while confronting the victim
___has stolen small items without confronting the victim
___often stays out late at night without permission before the age of 13
___often lies or "cons" others
___is cruel to animals
___often starts physical fights
___doesn't seem sorry for hurting others
___has forced someone into sexual activity
___runs away overnight

**Group G**

___alcohol use
___drug use
___smoking

**Group H**

___difficulty making friends
___difficulty keeping friends
___poor choice of friends

**Group I**

___recurrent and upsetting thoughts of a past traumatic event_____
___recurrent distressing dreams of a past upsetting event
___a sense of reliving a past upsetting event
___a sense of panic or fear to events that resemble an upsetting past event
___spending effort avoiding thoughts or feelings associated with a past trauma
___inability to recall an important aspect of a past upsetting event
___persistent avoidance of activities or situations that cause him/her to remember a past upsetting event

___marked decreased interest in important activities
___feeling detached or distant from others
___feeling numb or restricted in your feelings
___feeling that his/her future is shortened
___quick startle response
___feeling like he/she is always watching for bad things to happen
___when recalling the trauma the child tends to put the events in the wrong sequence of when things happened
___child believes that there were warning signs predicting the trauma and that if they are aware enough they can recognize warning signs to avoid future trauma.
___compulsively re-enacts some part of the traumatic experience through play

**Group J**

__poor use of nonverbal behaviors (such as eye-to-eye gaze, facial expression, body postures and gestures to regulate social interactions)
__failure to develop peer relationships
__lack of showing, bringing, or pointing out objects of interest to other people
__lack of social or emotional exchanges with others
__regularly gets overwhelmed or upset when their routines or expectations are disrupted
__hand or finger flapping or twisting
__difficulty identifying when someone is teasing
__fails to predict likely consequences in social situations
__difficulty making believe or pretending
__talks about a single subject excessively (e.g.: dinosaurs, computers, fire trucks, a game, etc..)
__shows an intense, obsessive interest in certain intellectual subjects
__unaware of, or insensitive to the needs or feelings of others
__demonstrates bizarre or unusual forms of behavior
__preoccupation with specific subjects or parts of objects
__expresses feelings of empathy inappropriately
__seems unaware of social norms or codes of conduct
__becomes frustrated quickly when unsure of what is required
__displays clumsy and uncoordinated gross motor movements

**Group K**

___restriction of food intake that leads to a less than normal body weight
___intense fear of gaining weight or of becoming fat event though at a significantly low weight
___engaging in persistent behaviors that interfere with weight gain
___persistent over concern with body shape and weight
___lack of recognition of the seriousness of the current low body weight
___recurrent episodes of binge eating large amount of food
___eating, in a certain time frame, definitely larger amounts of food than most people would eat in the same time
___a sense of lack of control over eating during the episode
___engaging in self-induced vomiting
___the misuse of laxatives, water pills, strict dieting or excessive exercise