

HIDDEN SPRINGS PSYCHOLOGICAL SERVICES

CHILD / ADOLESCENT CLINICAL INTAKE

I MEDICAL / MEDICATION HISTORY: Doctor Name(s): _____

1. Prescribed / Over-the-Counter Medications:				Currently Taking		Taken as Prescribed	
				Yes	No	Yes	No
Name of Medication	Reason	Dosage	How often				

2. Allergies to Medication: _____

3. Other Allergies: _____

	Yes	No	Dates or Age	Comments
Past Surgery				
Head Injury				
Loss of Consciousness				
Seizures				

4. Does your child have or had any of the following illnesses?

	Present	Past	Family History Of
Diabetes			
Thyroid Disorder			
Heart Trouble/Heart Disease			
Asthma			
Liver Disease /Hepatitis / Jaundice			
Bronchitis / Other Breathing Problem			
Arthritis/Ulcers/Cancer			
Abnormal Bleeding			
Anemia			
Depression or Anxiety			
Bi-Polar Disorder			
Schizophrenia			
Vision Problems			
Hearing Problems			
Dental Problems			

If other illnesses, please list for child / adolescent: _____

II. PRE-NATAL HISTORY

1. Describe any complications mother had during pregnancy (physical and/or emotional):

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2. List any medications prescribed during pregnancy: _____

3. Did mother use any drugs or alcohol during pregnancy? ____ Yes ____ No If so, what and how much?

4. Describe any complications mother or infant had during delivery: _____

III. POST-NATAL HISTORY

1. Describe any complications after birth: _____

2. How would you describe your child as an infant? _____

IV. DEVELOPMENTAL MILESTONES

1. At what age did child: Walk: _____ Talk: _____ Complete Potty Training: _____
Dress him/herself: _____ Feed him/herself: _____

2. Describe anything unusual regarding child's early development: _____

V. FAMILY HISTORY

1. List Child's Family Members	Age	Relationship to Child

2. Who else lives in child's home? _____

3. Who is child's primary caregiver? _____

4. List any language other than English spoken in child's home: _____

5. How long has child lived at current address? _____

6. Child's mother's education: _____ Occupation: _____

Child's father's education: _____ Occupation: _____

7. Who does child get along with the rest in the family? _____

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8. How do members of child's family get along? _____

9. Does anyone in child's family use alcohol or other drugs _____ Yes _____ No
Who? _____

10. Has anyone in child's family ever been abused? _____ Yes _____ No
If so explain: _____

VI. EDUCATIONAL HISTORY

1. Did child attend: _____ Preschool or _____ Day Care

Describe any problems there: _____

2. What school does child attend? _____ What grade is child currently in? _____ List any grades child repeated: _____

3. What grades, approximately, does child make in? Reading: _____ Spelling: _____
Arithmetic: _____ Writing: _____

4. What is child's favorite subject? _____

5. Does child like school? _____

6. Does child seem to have many friends at school? _____

7. Does child seem to remember school assignments? _____

8. Does child follow directions in school? _____

9. Have teachers complained about child's behavior at school? _____ Yes _____ No
If so explain: _____

10. Describe any extracurricular activities child participates in: _____

11. Describe any Special Education activities child participates in: _____

VII. BEHAVIOR PATTERNS

1. What do you like best about your child? _____

2. What are your child's favorite activities? _____

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3. Below are words that tend to describe children's personality and behaviors. Check () those that apply to child most of the time:

___ Happy	___ Energetic	___ Lies / Steals	___ Creative
___ Sad	___ Moody	___ Runs Away	___ Self-Injurious
___ Very Friendly	___ Prefers to be Alone	___ Even Tempered	___ Suicidal Thoughts
___ Fights Often	___ Seems Jealous	___ Has Temper Tantrums	___ Walks in Sleep
___ Sucks Thumb	___ Can't Sleep	___ Very Affectionate	___ Recurrent Nightmares
___ Independent	___ Dependent	___ Has Many Fears	___ Other:

4. Describe any behavior which is a problem to parents: _____

5. How well does child play?

	No Problems	Few Problems	Frequent Problems
Alone?			
With younger children?			
With children his/her age?			
With brothers and sisters?			
With adults?			

6. Does child play mostly with younger, same age, or older friends? _____

7. Does child enjoy books (reading or being read to)? _____

8. What is child's favorite TV show? _____

9. How much time does child watch TV each day? _____

10. Feel free to describe anything else you think would be helpful for us to know:

THANK YOU FOR YOUR PATIENCE IN COMPLETING THIS FORM

Form Completed By: _____
 Print Name

 Signature

Date: _____