

CHILD INTAKE INVENTORY

Name_____

Date_____

Address_____

Phone- Home_____

_____ Zip_____

Cell (mother)_____

Referred by_____

Cell (father)_____

Birthdate_____ Gender_____

Mother's Name_____ Phone_____

Email_____ DOB_____

Address(if different)_____ Zip_____

Mother's place of Employment_____

Father's Name_____ Phone_____

Email_____ DOB_____

Address(if different)_____ Zip_____

Father's place of Employment_____

List household members by name, age, and relationship to child

Name	Age	Relationship
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Chief problem child has_____

When did it start_____

Pregnancy History (If Applicable)

Planned Pregnancy _____ Under Physician's Care _____ Toxemia _____
Elevated Blood Pressure _____ Swollen Ankles _____ Bleeding _____
Kidney Disease _____ Heart Disease _____ Vomiting _____
Injury _____ Early Contractions _____
Medications _____
Emotional State _____ Comments _____

Birth History (If Applicable) Length of Labor _____ Drugs _____
Type of Delivery _____ Complications _____ Birth Weight _____
Activity Level _____ Comments _____

Developmental History (If Applicable) (please give approximate ages)

Held Head Up _____ Rolled Over _____ Crawled _____
Sat Alone _____ Walked With Help _____ Walked Alone _____
Breast Or Bottle Fed _____ Weaned _____ 4-10 Words _____
Sentences _____ Friendly _____ Shy _____
Right or Left Handed _____ Loner _____ Clumsy _____
Well Coordinated _____ Blank Spells _____ Falling Spells _____
Compulsiveness _____ Comments _____

Family Relationships

Frequency of Family Moves _____
Emotional Illness In Family _____
Drug/Alcohol Problems _____
Marital Problems _____
Death of Parent _____
Child's Age at Remarriage _____ Does Child Get Along With Mother _____
Father _____ Siblings _____ Who is Child Closet To _____
Family Fun _____

Discipline

Reasoning _____ Time Out _____ Persuasion _____ Restriction of Privileges _____
Verbal Negotiations _____ Spanking _____ Other (please describe) _____
Has Child Ever Experienced Very Strict Discipline _____
Pampering _____ Spoiling _____ Nagging _____ Over-Anxious Parenting _____
Favoritism _____ Inconsistency _____ Neglect _____ Over Attention _____
Major Changes In Discipline Methods _____
Child's Reaction To Discipline _____
Problems Where Discipline Is Required Most _____
Comments _____

Medical History

Physician _____ Address _____ Phone _____
 Previous Psychological/Psychiatric Care _____
 Current Medications _____
 Normal Childhood Illnesses _____ Allergies _____ Convulsions _____
 Extensive Ear Infections _____ Head Injuries _____
 Other Injuries _____

Previous Examinations	Date	Done By	Results
Vision	_____	_____	_____
Hearing	_____	_____	_____
Speech	_____	_____	_____
Psychological	_____	_____	_____
Neurological	_____	_____	_____

School History

School _____ Grade _____ Teacher _____
 Relationship(s) With Teachers _____
 Relationship With Peers Likes Them _____ Is Liked By Them _____
 Special Friends _____ Number of School Changes _____
 Successes And Good Qualities _____
 Traumatic Events _____
 Setbacks Or Failures _____
 Extracurricular Interests _____

Religious Preference

Please Circle Behaviors Displayed In The Past Year

Fearful	Sensitive	Fighting	Kind	Teasing	Daydreams
Stealing	Generous	Excitable	Shy	Lying	Lazy
Irritable	Withdrawn	Domineering	Quiet	Unhappy	Sulks
Sassy	Dishonest	Overactive	Bites Nails	Show-Off	Dependable
Impatient	Honorable	Cheating	Bullying	Violent	Dating Problems
Worries	Bedwetting	Nightmares	Tics	Talkative	Sleep Disturbance
Sets Fires	Self Abusive	Runs Away	Bright	Compulsive	Depressed
Substance Use	Physical Complaints				

Social History

How Does Child Get Along At Home? _____

With Adults _____

Strangers _____ Younger Children _____

Animals _____ Favorite Play _____

Favorite TV Show _____ Special Interests, Hobbies _____

Attitude Toward Competitive Play _____

Attitude Toward Cooperative Play _____

How Far From Home Is Child Allowed To Go _____

How Often Must Child "Check In" _____ Allowance Received _____

Has Aspirations To Be Like _____

Sense Of Humor _____ Difficult to Provoke Laughter _____

Difficult to Provoke Tears _____

Screen Time including all Electronic Devices:

Typical Hours per Weekday _____ Weekend _____

Exercise: _____ Frequency _____

Successes And Good Qualities

What, In Your Opinion, Needs to Be Done to Bring About A Change In Your Child And Family?

In What Way Do You Think We Can Be Of Help?

Signature _____

Thank You