



INTAKE QUESTIONNAIRE-CHILD/ADOLESCENT

Today's Date _____

Child's Name _____ Date of birth _____ Age _____

Parent or guardian _____ Your date of birth _____

Address _____

Telephone:

Home _____ OK to leave a message? _____

Work _____ OK to leave a message? _____

Cell _____ OK to leave a message? _____

Email address _____ OK to email? _____

Who should I contact in case of emergency (name and phone)

Name of school _____ grade _____

Teacher: _____ Phone: _____

REFERRAL: Who gave you my name to call?

Name _____ Phone _____

May I acknowledge the referral? _____

CHIEF CONCERNS

Please describe the main difficulty that has brought you to see me _____

What help are you hoping to receive _____

MEDICAL CARE: From whom or where do you get your medical care?

Doctor/clinic name _____ Phone _____

Address _____

Is your child taking any medications at this time? List medication, dosage and how long taken _____

Do you or your child have any allergies _____

List any illnesses, accidents, injuries or surgeries _____

FAMILY HISTORY

Please list members of your child's current household.

Name	Relationship	Age	Sex

Parents' marital status: _____ date married: _____

Any family history of ADD, anxiety, depression or learning difficulties: ___ Yes ___ No

Please Describe:

PREVIOUS TREATMENT

Has your child ever received psychological, psychiatric, drug or alcohol treatment or counseling services before? ___ Yes ___ No If yes, please indicate:

When?	From whom?	For what reason(s)?	With what results?

LEGAL HISTORY

Has your child ever been arrested or involved in any legal difficulties?

Yes No If Yes, please explain:

Is the reason your child is coming to see me related to an accident or injury? Yes No

Are you presently suing anyone or thinking of suing anyone? Yes No

SUBSTANCE USE

Does your child smoke: Yes No

Does your child drink: Yes No

Has your child ever used inhalants (“huffing”) such as glue, gasoline or paint thinner?

Has your child used marijuana or other drugs? Yes No

OTHER

Is there anything else that is important for me to know about and that you have not written about anywhere else on this form? Please tell me about it here _____
