

### CHILD & ADOLESCENT DEVELOPMENTAL HISTORY INTAKE FORM

Parents or Guardians: Please fill out one form per child

This information is private and confidential, as are all of our sessions (see privacy policy). Please complete as much of this form as you can.

NAME OF CHILD: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE - HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

NON-CUSTODIAL PARENT (if applicable): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE - HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PARENTS' STATUS (please circle):      single, married, separated, divorced, widow(er), live-in partner

CHILD'S SIBLINGS (name and age): \_\_\_\_\_

\_\_\_\_\_

RESPONSIBLE PARTY BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE - HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_

CHILD/ADOLESCENT'S RESIDENCE (please circle):

Biological parent's home      Relative's home      Foster home      Adoptive home

FAMILY HISTORY (include births, divorces, losses, remarriage, illness, moves, major life changes, traumas, abuse, etc.):

---

---

---

---

**MEDICAL HISTORY:**

Pediatrician/Family physician name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medical conditions or disabilities: \_\_\_\_\_

---

---

How would you rate your child's current physical health?       Excellent       Good       Fair       Poor

Please list any current medications (include dosage and prescribing physician):

---

---

**MENTAL HEALTH HISTORY:**

Has your child had previous experiences with counseling/therapy:       Yes       No

If yes, please list where, when, for how long, and reasons why:

---

---

---

Has your child ever been diagnosed or treated for any type of mental illness? \_\_\_\_\_

Has anyone in the family ever been diagnosed with or treated for any type of mental illness? \_\_\_\_\_

Any history of traumatic events: \_\_\_\_\_

**SCHOOL HISTORY:**

**Current grade level:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Please list any current and past problems with your child's overall school experience and performance, including any history of learning disabilities and special education:**

---

---

---

---

**REASONS FOR SEEKING HELP:**

**What concerns about your child have brought you to therapy today?**

---

---

---

---

**When did these concerns begin to be a problem for your child?**

---

---

**Is there anything else you would like for me to know about your child?**

---

---

---