



## CHILD / ADOLESCENT INTAKE FORM

# Family Psychology Associates

Strengthening relationships...improving lives.

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name:	Age	Birthplace	Education	Occupation
Mother _____	_____	_____	_____	_____
Father _____	_____	_____	_____	_____
Stepmother _____	_____	_____	_____	_____
Stepfather _____	_____	_____	_____	_____

Present Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

Date Married: \_\_\_\_\_ Date Separated/Divorced \_\_\_\_\_ Date Remarried \_\_\_\_\_

### Other Family Members:

Name	Age	Grade or Occupation	Place of residence
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Who is your family doctor or pediatrician? \_\_\_\_\_

When was your child's last physical examination? \_\_\_\_\_

Current physical problems or symptoms: \_\_\_\_\_

Is your child taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please list them: \_\_\_\_\_



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Has your child had any serious illnesses, accidents, operations or been hospitalized? \_\_\_\_\_

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Who suggested you contact me for help? \_\_\_\_\_

What is the problem with which your child needs help? \_\_\_\_\_

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Has anything happened (in the family or elsewhere) that may have affected the child's feelings or behavior?  
(illnesses, deaths, moves, family problems, etc.) ? \_\_\_\_\_

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Describe briefly your child's development (birth, feeding patterns, sleep, habits, walking, talking, toilet training,  
menstruation, fears), any developmental milestones that seemed significant or caused you concern: \_\_\_\_\_

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How does your child get along with other family members? \_\_\_\_\_

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How does your child get do in school (academically and socially)? \_\_\_\_\_

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Are there any legal issues currently impacting your child (i.e. custody issues, recent police involvement, etc.) ?

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What pleases you most about your child? \_\_\_\_\_

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What concerns you or worries you most about your child? \_\_\_\_\_

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Is your child aware of the problem or concern? Is your child worried? \_\_\_\_\_

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What questions would you like me to answer for you? \_\_\_\_\_

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What changes would you like to see? \_\_\_\_\_

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Signed: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_