

One10 Men's Counseling

at Family Care Counseling Center

3959 South Nova Rd, Suite 14

Port Orange, FL 32127

(386) 290-1097

kyle@one10counseling.com

CHILD INTAKE FORM

CHILD'S INFORMATION

DATE: _____ (Saw Parent) DATE: _____ (Saw Child)

CHILD'S NAME: _____

DATE OF BIRTH: _____ AGE _____ M _____ F _____

REFERRAL SOURCE: _____

PRIMARY CARE PHYSICIAN: _____

PRESENTING PROBLEM: _____

FAMILY INFORMATION

MOTHER: _____ S _____ M _____ D _____ AGE _____ OCCUPATION _____

FATHER: _____ S _____ M _____ D _____ AGE _____ OCCUPATION _____

OTHER ADULT IN HOME & RELATIONSHIP: _____

MARITAL HISTORY OF PARENTS: _____

SIBLING RELATIONSHIPS: _____

RELATIONSHIP OF MOTHER & CHILD: _____

RELATIONSHIP OF FATHER & CHILD: _____

FAMILY SOCIAL HISTORY:

(Living arrangements, current stressors/losses or trauma in the past two years, history of guardianship)

CHILD'S DEVELOPMENTAL HISTORY:

PARENT'S PREGNANCY (ATTITUDE, PLANNED):

PRENATAL CARE PROBLEMS:

FULL TERM: INDUCED/NATURAL OR C-SECTION:

CONDITION AT BIRTH:

WEIGHT: LENGTH:

OTHER PHYSICAL CHARACTERISTICS:

WALKING:

MENSES:

INPATIENT HOSPITALIZATION: (PHYSICAL TRAUMA & SIGNIFICANT MEDICAL PROBLEMS)

MEDICATIONS:

ALLERGIES:

SEIZURES:

HEADACHES:

STOMACHACHES:

HEARING/SPEECH/VISION:

BEHAVIORAL/EMOTIONAL:

AGGRESSIVE/DESTRUCTIVE: _____ LYING: _____ STEALING: _____

TEMPER TANTRUMS: _____ FIGHTING: _____ NEGATIVISM: _____

DEPRESSED: _____ ANXIOUS: _____

CRIES EASILY WITH OR WITHOUT PROVOCATION: _____

NAIL BITING: _____

ANGERS EASILY: _____

SLEEP: (INITIAL WAKING PROBLEMS) NIGHTMARES: _____

BEDTIME RITUALS: _____

BEDWETTING: _____

DRUG EXPERIMENTATION/USE: _____

BIZARRE IDEAS: (PHOBIAS/DELUSIONS/HALLUCINATIONS) _____

SOCIAL INTERACTIONS WITH PEERS: (CLOSE VS. SUPERFICIAL) _____

WITHDRAWN OR FRIENDLY AND OUTGOING: _____

SEXUAL ISSUES: _____

ACTIVITY LEVEL: (FIDGETY, ATTENTION, COORDINATION) GOAL-DIRECTED: _____

FAMILY PSYCHIATRIC HISTORY:

CHILD'S PRIOR PSYCHIATRIC HISTORY:

APPETITE: FAMILY MEALS:

SCHOOL HISTORY:

RESPONSIBILITIES: _____

DISCIPLINE/REWARDS/PUNISHMENT: _____

DAYCARE EXPERIENCE: _____ AGE: _____

PRESCHOOL: _____ HOW LONG: _____ PRESENT GRADE: _____ TRUANT: _____

SPECIAL PLACEMENT/GRADE FAILURE: _____ TESTING: _____

SUBJECT PROBLEM: _____

REFUSES CLASSWORK OR HOMEWORK: _____

EASILY FRUSTRATED/PERFECTIONIST: _____

GOAL-ORIENTED: _____

SPECIAL ABILITIES/ASSETS: _____

MOTIVATED ACHIEVEMENT: _____

DISRUPTIVE/FIGHTS: _____

OTHER: _____