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CHILD INTAKE FORM

CLIENT INFORMATION

Today's Date: _____ Referred By _____
Child's Name: _____
Date of Birth: _____ Age: _____
Child's Address: _____
City: _____ State: _____ Zip: _____
Phone (Home) _____ (Work) _____
Phone (Cell) _____ (Cell 2) _____
E-mail: _____
School: _____
Grade Level: _____ Teacher's Name: _____
Does the child attend church? Yes No
Church Name: _____
Child's custodian/guardian(s) is are: _____

FATHER'S INFORMATION

Father's Name: _____ Age: _____
Father's Address: _____
City: _____ State: _____ Zip: _____
Phone (Home) _____ (Cell) _____
E-mail: _____
Occupation: _____
Employer: _____
Marital Status: Married Engaged Widowed Divorced
 Separated Live with Partner Other _____
If remarried, name of spouse: _____

MOTHER'S INFORMATION

Mother's Name: _____ Age: _____
Mother's Address: _____
City: _____ State: _____ Zip: _____
Phone (Home) _____ (Cell) _____
E-mail: _____
Occupation: _____
Employer: _____
Marital Status: Married Engaged Widowed Divorced
 Separated Live with Partner Other _____
If remarried, name of spouse: _____

FAMILY COMPOSITION

Who currently resides in the same house as the client. Please include all Family members.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

CHILD INTAKE FORM

MEDICAL AND PERSONAL

Primary Care Physician: _____

Office Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Child's Specialist: _____

Type of Physician: _____

Office Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Has your child had any counseling before? Yes No

Counseling/Therapist Names: _____

EMERGENCY CONTACT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home) _____ (Cell) _____

(Work) _____

Relation: _____

CURRENT MEDICATION PRESCRIBED

Name of Medication	Dosage	Frequency

SCHOOL PERFORMANCE

What subjects does your child consistently do well? _____

What subjects does your child consistently do poorly? _____

Grades tend to be (check all that apply): A A-B B Some C All C C and below

Is your child expected to pass this school year? Yes No Unsure

How does your child typically handle homework?

- Does homework on their own
- Needs my help to do homework
- Has to be constantly reminded to do homework
- Forgets assignments at school
- Refuses to do homework
- Tries to do homework, but struggles to understand

CHILD INTAKE FORM

CHILD'S INTERESTS AND STRENGTHS

- Catching and throwing a ball
- Dancing
- Building models
- Working with electronics
- Reading for pleasure
- Caring for pets/animals
- Understanding what she/he reads
- Learning about science
- Memorizing things for school
- Other: _____
- Running fast
- Art work
- Building things
- Telling stories
- Using her/his imagination
- Reading fast
- Handwriting
- Learning about history
- Singing
- Playing a musical instrument
- Working with machines
- Writing stories/poems
- Remembering where to find things
- Figuring out new reading words
- Learning new spelling words
- Using a computer
- Playing video games
- Playing a particular sport

PARENTAL ASSESSMENT OF CHILD

Feelings

- Restless
- Angers easily
- Bored easily
- Fearful
- Sad
- Lacks remorse
- Irritable
- Shows feelings that concern you or seem strange for his/her age
- Cries easily
- Sullen
- Overly guilty

Behaviors

- Has problems in school
- Refuses to talk
- Involved in sexual activity (ages 10-17)
- Steals
- Lacks interest in things he/she usually enjoys
- Does things that seem strange for age
- Overactive
- Threatens or harms other children
- Sets fires
- Plays sexual games with others, toys, animals (ages 3-9)
- Destroys possessions or property
- Has been in trouble with police
- Threatens or harms animals
- Hurts him/herself

Social Interaction

- Withdraws
- Defiant
- Difficulty keeping friends
- Often gets in fights
- Concerned about how child interact with you
- Doesn't look other's eyes
- Argumentative
- Severe or frequent tantrums
- Doesn't want to go to school
- Concerned about how child interacts with other family members
- Clings to you often
- Difficulty making friends
- Picks on others
- Prefers to be alone
- Concerned with how child interacts with playmates/peers

Thinking

- Daydreams often
- Has difficulty remembering things
- Decline in schoolwork/grades
- Concerned about child's thinking process
- Has strange thoughts
- Frequently confused
- Talks of death often
- Blames others for misdeeds or thoughts
- Difficulty trusting others
- Distracted easily
- Talks of suicide often
- Sees or hears things that are not there

CHILD INTAKE FORM

Physical Problems

- Lack of energy
- Wet pants
- Refuses to eat
- Accident prone
- Vomits often
- Soils pants
- Has stomach aches often
- Has lost or gained a significant amount of weight
- Sneaks food
- Uses laxatives
- Has headaches
- Has sleeping problems – nightmares, sleepwalking, early waking, frequent night waking

PRESENTING PROBLEM

What brings you here today?
