

FAMILY & CHILD DEVELOPMENT

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Intake Form for Child/Adolescent

Thank you for taking the time to complete this intake form. The information you provide here will help me complete a thorough evaluation of your child. Please complete all items if possible. If you have any questions, please ask.

I. IDENTIFICATION

Your Name: _____ Relationship to Child: _____

Child's full name: _____

Child's date of birth: _____

Child's current age: _____ Gender: Male Female:

Home address: _____

Street City State Zip Code

Home phone number: _____ Cell: _____

Mother's Name: _____

Father's Name: _____

Marital status of biological parents (please circle one):

Married Never Married Separated Divorced

Email address for parent/guardian: _____

II. PRESENTING PROBLEM(S)

What concerns or issues convinced you to seek assistance now? _____

What do you think causes the problem? _____

What have you done to try and address the problem? _____

III. ABOUT YOUR CHILD'S FAMILY

Please list family members in the chart below.

Name	Relationship to Client	Age	Lives at home with the child? (Y or N)	Grade Level/Occupation (if applicable)

Is there a family history of any of the following?

Alcoholism (who and for how long?): _____

Substance abuse (who and for how long?): _____

Mental Illness (who and what diagnosis?): _____

Serious Illness or Hospitalizations (who and for how long): _____

Please describe any past counseling that either your child or other family members may have participate in:

List major changes, including marriages, divorces, moves, deaths, etc., which have occurred in your family in the past five years (If there are other events that happened earlier that still affect the family, please add those). _____

What stressors does the family currently struggle with? _____

Are there any particular stressors that your child is experiencing (e.g., recent move, loss of a grandparent)?

Is there a history of abuse or trauma? If so, please describe. _____

IV. ABOUT YOUR CHILD'S EDUCATION

What preschool/school does your child current attend? _____

Teacher(s) Name: _____

Current Grade: _____ Has your child ever skipped or repeated a grade? ____ Yes ____ No

If yes, which one(s) _____ was skipped/repeated (Circle one)

What kind of student is your child? _____

What is your child's favorite subject? _____

What is your child's least favorite subject? _____

Has your child ever been referred for special education services? _____ Yes _____ No

If yes, please describe the reasons for the referral: _____

What do school teachers/staff tell you about your child? _____

Has your child experienced any of the following problems at school? (Check all that apply)

- fighting lack of friends drug/alcohol detention
 suspension learning disabilities poor attendance poor grades
 gang influence homework refusal behavior issues emotional issues

V. CHILD'S DEVELOPMENTAL AND MEDICAL HISTORY

Length of pregnancy _____ Birth weight: _____

Normal pregnancy? _____ Yes _____ No; If no, please describe: _____

Normal delivery? _____ Yes _____ No; If no, please describe: _____

Mother's health during pregnancy? After pregnancy? : _____

During pregnancy, did the mother:

Take any medications?	Yes	No	Please list:
Drink alcohol?	Yes	No	How often?
Smoke cigarettes?	Yes	No	How often?
Use recreational drugs?	Yes	No	What/How often?

Bonding/Attachment History: Who cared for child during the first two years? Were there any stressors in the life of either the mother or father that might have affected your child's development? _____

Please note the approximate age when your child met the following developmental milestones.	
Crawling	Walking
Speaking in sentences	Toilet training
Self-care (e.g., brushing teeth, dressing, etc.)	First words

Is your child currently on medications? ____ Yes ____ No

If so, what and prescribed by who. _____

Major medical difficulties/Hospitalizations? ____ Yes ____ No; if yes, please describe: _____

How does your child get along with other children? _____

Is there a history of, or current concern with any of the following (please check)? For each item checked, please tell us how long these have been problems.

- | | |
|---|--|
| _____ School behavior problem | _____ Academic/Special Education |
| _____ Eating problems | _____ Stealing |
| _____ Speech difficulties | _____ Runaway |
| _____ Bedwetting/soiling | _____ Temper tantrums |
| _____ Lying | _____ Cruelty to animals |
| _____ Truancy | _____ Impulsivity |
| _____ Inattention/distractibility | _____ Sleeping difficulties |
| _____ Anxiety/fears | _____ Depression |
| _____ Aggressive behavior | _____ Defiance/disobedience |
| _____ Suicidal thoughts | _____ Inappropriate play with other children |
| _____ Alcohol/drug use | _____ Poor peer relationships |
| _____ Shy/withdrawn | _____ Self-harming behaviors |
| _____ Cries easily | _____ Repetitive movements (e.g., rocking) |
| _____ Legal difficulties (e.g., drinking) | _____ Physical complaints (e.g., headaches, stomachache) |
| _____ Others? _____ | |

VI. FAMILY DYNAMICS

How does your family display affection (e.g., praise/encouragement, gifts, hugging/touch, verbal expressions)? _____

How would you describe the relationship between the child's parents? _____

How does your child respond to these displays from each parent/caregiver? _____

What is your family style of discipline (e.g., restrictions, talk/lecture, corporal punishment, etc.)? _____

How does your child respond to this style of discipline and toward each parent/caregiver? _____

Are there other agencies involved with the family (e.g., DCF, DJJ)? _____

What are family rules for your child? _____

How are alcohol/drugs handled in the home? _____

What are your child's strengths (list 5)? _____

What are the family strengths (list 5)? _____

Additional Comments/Notes: