Child Intake Questionnaire

Patient Name: ______________________ Date: ______________

DOB: ____________ Age: ______ Sex: ☐ Male ☐ Female

Marital Status: ______________________ Ethnicity: ______________

BLACK INK ONLY

Name of Person completing the form: ______________________________

Reason for Visit & Problem the child is experiencing: ______________________

____

____

____

____

1. My child has problems with: Check All That Apply

☐Loses things ☐forgetfulness ☐avoids reading/school work ☐ paying attention

☐can't wait turn ☐interrupts others ☐blurts out answers

☐fidgets/restless ☐leaves seat often ☐noisy play ☐talkative ☐runs & climbs

2. My child has problems with: Check All That Apply

☐tantrums ☐argues with adults ☐ complying with rules ☐blaming others

☐ being touchy ☐vindictive ☐ being angry ☐resentful

☐annoying others

3. My child has problems with: Check All That Apply

☐ sad moods ☐ not eating ☐ eating too much ☐ sleeping too much ☐ not sleeping

☐ complaining of head aches, or stomach aches ☐ no energy or motivation

☐ wanting to die ☐ hurting their self ☐hurting others ☐ stealing ☐ wetting the bed

☐ hearing voices ☐being paranoid ☐ worrying too much ☐ phobias

4. History of behavioral or emotional problems

A. Has the child ever seen a psychiatrist? ☐ Yes ☐ No

B. Has the child ever received counseling for emotional problems? ☐ Yes ☐ No

____

Signature

Child Intake Questionnaire

If you answered YES to either A or B please give name of the doctor and/or therapist and give the dates in which the person was seen or diagnosis given.

____

____

____

____

____

5. History of behavioral or emotional problems

Has the child been diagnosed with a mental health problem such as ADHD? ☐ Yes ☐ No
If yes give the name of the diagnosis: ______________________, ______________,
___________.

6. History of behavioral or emotional problems

Has the child ever been hospitalized? ☐ Yes ☐ No
If YES give dates, and locations below.

Hospitalizations ____

____

____

____

7. History of Foster care or Residential (group home) treatments

Has the child ever been placed out of the home for behavioral problems? ☐ Yes ☐ No
If Yes, please give dates and locations below.

Treatments/Placements. ____

____

____

____

8. History of Suicidal attempts or Gestures?

Has the child ever attempted to kill themselves? ☐ Yes ☐ No
If Yes, please describe the event and give the dates.

Suicidal Attempts or Gestures? Please describe: ______________________________

____

____

____

9. History of Psychiatric Medications?

Has the child ever taken psychiatric medications? ☐ Yes ☐ No

____

Signature

Child Intake Questionnaire

If Yes, please give the name of the medications and any good or bad effects.

Name of the medication	Dose	Good or Bad effects

10. History of Substance abuse ?

Has the child ever taken illegal drugs? ☐ Yes ☐ No

If Yes, please describe and give the names of the drugs used.

Substance/other Abuse History:

____

____

____

____

11. Any know drug allergies? ☐ Yes ☐ No If Yes please describe________________.

____

____

12. List All Current Medications Below:

Name	Dose	How often is the medication taken

13. List All Medical Problems Below:

____

____

____

Has the child had any surgeries?______________________________

Who is the child pediatrician or family doctor?______________________________

Date of last visit?______________________________

____

Signature

Child Intake Questionnaire

14. Do any family members have emotional problems? ☐ Yes ☐ No

A. If Yes please list family relationship and describe the problem or diagnosis.

Relation	Problem

Any one in the family have a diagnosis of bipolar disorder. ☐ Yes ☐ No

Personal/Social Hx:

Were their any problems during the pregnancy or delivery? ☐ Yes ☐ No
If yes please describe:

Did the child walk and talk on time? ☐ Yes ☐ No

Is their any history of physical, sexual, or emotional abuse? ☐ Yes ☐ No

Is the child having problems in school? ☐ Yes ☐ No

Has the child had academic testing? For example IQ testing. ☐ Yes ☐ No

How long has the child live in their current home? ____________

Give names ages and relationship of all member who live in the home:

Name	Age	Relationship

Who is the legal guardian? ________________

Does the child have any legal charges pending? ☐ Yes ☐ No
If Yes, please describe. ____

____
Signature