



Amy Allen Meyer, P.A.  
Where families find hope

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**Child/Teen Intake Form**

Date \_\_\_\_\_ Informant \_\_\_\_\_ Referred by \_\_\_\_\_

Child's Name \_\_\_\_\_  
Last First Middle Nickname

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Father's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Father's Employer \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Religious Preference (Optional) \_\_\_\_\_

In the event of an emergency and I must cancel, where should I call? \_\_\_\_\_

Non-Family Emergency Contact \_\_\_\_\_  
Name Home Phone Cell Work

What concerns do you have about your child? \_\_\_\_\_

\_\_\_\_\_

How long have these existed? \_\_\_\_\_

What do you think might be causing this? \_\_\_\_\_

Anyone else expressed concerns about your child? \_\_\_\_\_

What are your expectations for therapy? \_\_\_\_\_

\_\_\_\_\_

Has your child ever been seen by another counselor? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates \_\_\_\_\_

Who? \_\_\_\_\_ Outcome \_\_\_\_\_

Who will participate in child's therapy? Mom: Yes \_\_\_\_\_ No \_\_\_\_\_ Dad: Yes \_\_\_\_\_ No \_\_\_\_\_

Step Mom: Yes \_\_\_\_\_ No \_\_\_\_\_ Step Dad: Yes \_\_\_\_\_ No \_\_\_\_\_

**Family**

Name	Age	Education Level or Grade	Occupation	Does child get along with them?
Mother_____	_____	_____	_____	_____
Father_____	_____	_____	_____	_____
Step Parent_____	_____	_____	_____	_____
Sister_____	_____	_____	_____	_____
Brother_____	_____	_____	_____	_____
Step Siblings_____	_____	_____	_____	_____
Half Siblings_____	_____	_____	_____	_____

List persons living in the home with child\_\_\_\_\_

Is child adopted? Yes\_\_\_\_\_ No\_\_\_\_\_ When?\_\_\_\_\_ Divorce? Yes\_\_\_\_\_ No\_\_\_\_\_ When?\_\_\_\_\_

Any serious marital strife leading to separation? Yes\_\_\_\_\_ No\_\_\_\_\_ Dates\_\_\_\_\_

If divorced, describe your relationship with the child's other biological parent\_\_\_\_\_

Length of marriage to child's biological parent\_\_\_\_\_ Dates of remarriage: Mom\_\_\_\_\_ Dad\_\_\_\_\_

Describe child's relationship with step mom/dad\_\_\_\_\_

Current marital satisfaction of Mom \_\_\_\_\_ Dad\_\_\_\_\_

Parents significant unhappiness or worry during child's first three years?\_\_\_\_\_

Any history of mental illness in family, diagnosed or undiagnosed in child's blood relatives (parents, grandparents, siblings, aunts, uncles, etc)?  
\_\_\_\_\_

Biggest struggle in your family's history\_\_\_\_\_

Current stressors in family\_\_\_\_\_

Child's reaction to birth of sisters and brothers\_\_\_\_\_

Parental unemployment? Dates:\_\_\_\_\_

Any deaths your child has experienced? (family, friend, pet)\_\_\_\_\_

Any moves? If so, when and where\_\_\_\_\_

Child exposed to disaster? Describe\_\_\_\_\_

Any lengthy separation from either parent?\_\_\_\_\_

Describe your child's contact with other children (church, sporting events, etc.)\_\_\_\_\_

\_\_\_\_\_ How often?\_\_\_\_\_

What are your child's favorite activities?\_\_\_\_\_

What does your child dislike doing the most?\_\_\_\_\_

Describe your child's temperament\_\_\_\_\_

Who is your child like?\_\_\_\_\_ What are your child's strengths?\_\_\_\_\_

What makes your child mad?\_\_\_\_\_

What are your child's responsibilities?\_\_\_\_\_

**Developmental History**

Parental attitude of pregnancy \_\_\_\_\_

Was mother on medication or drugs during pregnancy? If yes, please explain \_\_\_\_\_

Mother's health after delivery \_\_\_\_\_

Primary caretaker for first year \_\_\_\_\_

Did Mother and child attach/bond? \_\_\_\_\_ Did Father and child attach/bond? \_\_\_\_\_

Birth weight \_\_\_\_\_ Age walked \_\_\_\_\_ Age talked \_\_\_\_\_ Age potty trained \_\_\_\_\_

Please rate your child's development in the following areas:

	Below Average	Average	Above Average
Social	_____	_____	_____
Emotional	_____	_____	_____
Intellectual	_____	_____	_____
Physical	_____	_____	_____
Language	_____	_____	_____
Behavioral	_____	_____	_____

Age began nursery school/day care \_\_\_\_\_ Any separation problems? \_\_\_\_\_

Any speech/language issues? \_\_\_\_\_

Any problems with bed-wetting? \_\_\_\_\_

Any problems with bladder/ bowel control? \_\_\_\_\_

Any eating problems? \_\_\_\_\_

Any sleep problems? \_\_\_\_\_ Hours per night? \_\_\_\_\_

Any fears? \_\_\_\_\_

Any gender identity issues? \_\_\_\_\_

Sensitivity to sounds, noises, textures? \_\_\_\_\_

Does your child engage in rituals or exhibit any compulsive behaviors? \_\_\_\_\_

Any physical, sexual, emotional or verbal abuse? \_\_\_\_\_

**Parenting**

Discipline style: Mom: \_\_\_\_\_

Dad: \_\_\_\_\_

How does each parent spend alone time with the child doing something they both enjoy?

Mom \_\_\_\_\_ How often? \_\_\_\_\_

Dad \_\_\_\_\_ How often? \_\_\_\_\_

Is spending time alone with your child pleasurable or frustrating? \_\_\_\_\_

Are you confident in your parenting abilities? \_\_\_\_\_

What desires do you have for your child? \_\_\_\_\_

What does your family do together? \_\_\_\_\_

Do parents support each other in parenting? \_\_\_\_\_

\_\_\_\_\_

**Medical History**

Child's Pediatrician \_\_\_\_\_ Is child currently being treated for any medical problem? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Is child currently taking any medications? If so, list \_\_\_\_\_

Explain any problems during pregnancy or soon after, including mother's illness \_\_\_\_\_

\_\_\_\_\_

Were there problems with delivery? \_\_\_\_\_

Was child carried full term? If no, explain \_\_\_\_\_

Any hospitalizations or surgeries? \_\_\_\_\_

Any head trauma? \_\_\_\_\_ Any physical handicaps or deformities? \_\_\_\_\_

Any seizures or convulsions? \_\_\_\_\_ Any allergies or drug tolerances? \_\_\_\_\_

Describe any serious health problems or injuries in family \_\_\_\_\_

**School History**

Child's School \_\_\_\_\_ Teacher \_\_\_\_\_

Special Class? Yes \_\_\_\_\_ No \_\_\_\_\_ Describe \_\_\_\_\_

Current School Performance: Academic

Above average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_ Failing \_\_\_\_\_

Current School Performance: Behavior

Above average \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_ Failing \_\_\_\_\_

Please describe any academic or behavioral problems your child is experiencing in school \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did these begin? \_\_\_\_\_ Repeated a grade? Yes \_\_\_\_\_ No \_\_\_\_\_ Which one? \_\_\_\_\_

What do teachers say about your child? \_\_\_\_\_

Has your child changed schools for any reason? \_\_\_\_\_

What does your child like best about school? \_\_\_\_\_

What does your child like least about school? \_\_\_\_\_

Is your child currently in any after school or daycare program? \_\_\_\_\_

Any additional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_