



# Family Solutions Counseling

*Family, Individual & Group Therapy*

**Jacqueline Lob, LCSW**

## **CHILD PSYCHOTHERAPY INTAKE FORM**

*Please provide the following information. All information will be protected and held confidential.*

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent's Name \_\_\_\_\_ Date completed \_\_\_\_\_

Please feel free to write on the back of these pages or add additional pages of your own as needed.

### **I. Child's Physical Health History**

Please describe any problems during prenatal period or during labor and delivery:

Any remaining problems related to the above:

Please describe your child's health as a baby and toddler, noting any serious illnesses, injuries, and any hospitalizations:

Please describe your child's health from preschool to the present, noting any serious illnesses, injuries, and any hospitalizations:

Any current health problems:

Any medications or treatments your child is currently taking:

### **II. Mental, Emotional, and Social Development**

Please describe any learning problems or disabilities your child has now or in the past. Include any treatment or services and the name and telephone number of the professional involved:

Please describe any emotional problems your child has now or in the past. Include any treatment or services for them and the name of the professional involved:

Has your child experienced abuse, any significant changes, moves, or anything you would consider traumatic? Please describe, including child's age at each event:

What are your child's worries or fears?

Has your child ever talked about hurting self or others? Ever made an attempt?

How does your child interact with adults (teachers, daycare providers, coaches, activity leaders, neighbors, friends of the family)?

How does your child interact with same-age children?

With younger children?

With older children?

Is your child aggressive?

If so, please describe:

Is your child shy or easily taken advantage of or bullied?

If so, please describe:

Does your child prefer to join right in with groups or observe for a while first?

How does your child respond to transitions and changes?

How does your child respond to frustration or disappointment?

How would you describe your child's problem-solving abilities?

Please list names and ages of child's immediate family members, including stepparents and stepsiblings. Note length and quality of those relationships:

If child's parents are separated or divorced, please list your child's current parenting time schedule with each parent:

Do parents share legal decision-making or custody?

If not, who is the legal decision maker or custodian?

How old was your child at the time of separation?

What did or does your child experience related to the separation or divorce (ex: parental fear, anger, sadness or depression, threats, domestic violence, loud fights, tension in the home)?

### **III. Day Care and Preschool Experiences**

Please list any preschool or daycare settings your child has been in and child's age at the time:

Any concerns about child's experiences in any of these settings?

### **IV. Formal Academic History**

Child's current school:

Teacher/Grade:

General progress and adjustment at school:

Any concerns about child's school experience at present:

Please list other schools your child has attended and ages of attendance

Any concerns about child's experiences in any of these settings:

### **V. Comments**

Please add anything here that you think will help the evaluator understand your child better and what your hopes and concerns are for him or her.

**VI. Mother Information**

Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_

**VII. Father Information**

Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Occupation \_\_\_\_\_

Mother and Father are married: \_\_\_\_\_yes \_\_\_\_\_no If no, describe status: \_\_\_\_\_unmarried  
\_\_\_\_\_separated  
\_\_\_\_\_divorced  
\_\_\_\_\_other

Is there a finalized legal document regarding legal and physical custody of child? \_\_\_\_\_yes \_\_\_\_\_no  
If no, is such document pending? Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VIII. Adoption**

Is your child adopted? \_\_\_\_\_yes \_\_\_\_\_no

From what country is your child adopted? \_\_\_\_\_

At what age was your child adopted? \_\_\_\_\_

How long was your child in foster care or an orphanage? \_\_\_\_\_

What agency did you use to facilitate the adoption? \_\_\_\_\_

Do you have any information regarding your child's biological parents? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What concerns do you have with regard to the adoption process and how this may be impacting your child?

\_\_\_\_\_  
\_\_\_\_\_

Have you spoken with your child about adoption? If so, what have you told them? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**IX. Social Development**

Does your child: Make friends easily? \_\_\_\_\_yes \_\_\_\_\_no

Have any shyness or other difficulties interacting with other children? \_\_\_\_\_yes \_\_\_\_\_no

Have any shyness or other difficulties interacting with adults? \_\_\_\_\_yes \_\_\_\_\_no

Have a "best friend"? \_\_\_\_\_yes \_\_\_\_\_no

Social problems that are: \_\_\_\_\_mild \_\_\_\_\_moderate \_\_\_\_\_severe

If yes to any, please explain:

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Circle each item as 1, somewhat true; 2, mostly true; or 0, not true of your child in the past three months.