## **Child and Adolescent Patient Intake Questionnaire**

Name of Child:		DOB:
First	Middle Initial Last	
Street Address:		
City:	State:	Zip:
Religion:	National Heritage:	
Who has legal guardianship of the child?		
Who referred your child?		
What was their concern?		
What is the school's primary concern?		
When did you first become aware of con	cerns?	
What is your primary concern?		
	FAMILY DATA	
FATHER:		
Name:		DOB:
Street/Mailing Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Place of Employment:	Title	:
Highest Level of Education:	Religion:	
MOTHER:		
Name:		DOB:
Street/Mailing Address:		
City:		
Home Phone:	Cell Phone:	
Place of Employment:	Title	:
Highest Level of Education:	Religion:	

# STEPPARENT OR OTHER GUARDIAN: \_\_\_\_\_ DOB: \_\_\_\_\_ Street/Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_\_ Cell Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_\_ Religion: \_\_\_\_\_ SECOND STEPPARENT OR OTHER GUARDIAN: Name: \_\_\_\_\_\_ DOB: \_\_\_\_\_ Street/Mailing Address: City: \_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Place of Employment: \_\_\_\_\_\_ Religion: \_\_\_\_\_ Please identify dates of all marriages, divorces and remarriages for both natural and stepparents: List in chronological order all children, including the patient and siblings, stepsiblings and half siblings: NAME SEX DOB **RELATIONSHIP TO CHILD** List other children and adults who have lived or are now living in the home and their relationship to the child: List dates of moves and why the move occurred: How long has the child been at the present address?

#### **EDUCATION HISTORY**

What school does the child attend?	Grade?
If not in school, last school attended, grade achieved, and date withdr	rawn:
List all school enrollments the child has had and the average grade ma	ade:
Have any grades been repeated?	
Has the child been identified for special education, learning support o	or emotional support? When? Describe.

#### **FAMILY HISTORY**

Any of the following occur in the child's genetic relatives? List any additional significant psychiatric conditions below.

	Mother	Father	Brother	Sister	Grand- mother (M)	Grand- father (M)	Grand- mother (P)	Grand- father (P)	Other (specify)
Anxiety or adjustment disorder					, ,	, ,	. ,	. ,	
Panic disorder									
Tic disorder or Tourette's									
Depression									
Bipolar disorder									
Psychosis/schizophrenia									
Alcohol abuse									
Substance abuse									
Attentional problem									
Learning disability									
Failed high school									
Autism									
Developmental delay									
Childhood oppositional/defiant									
Problems with aggression									
Antisocial behavior (assault/theft)									
Physical abuse (victim)									
Physical abuse (perpetrator)									
Sexual abuse (victim)									
Sexual abuse (perpetrator)									
Arrests/Incarcerations									

#### **DEVELOPMENTAL INFORMATION**

Length of pregnancy:	Birth Weight:	Planned?
Was the pregnancy complicated with	drugs or alcohol?	
Nature of delivery (natural, C-section,	breech):	Condition at birth:
If adopted, from where?	<i>,</i>	Age at time of adoption:
Age of parent at time of birth or adop	tion: Father	Mother
Were developmental milestones (crav	vling, walking, talking, toilet t	raining) met on time?
What have been the significant stresso	ors or traumas to the family a	and child?
MED	ICAL/PSYCHIATRIC/PSYCHOI	LOGICAL HISTORY
Who is your child's primary care physi	cian?	
What medications has your child tried	in the past for mood/behavi	or?
Any medication allergies? What is the	reaction and how is it treate	d?
List any chronic medical conditions:		
List any hospitalizations your child has	had, including the dates and	I reason for hospitalization and resulting diagnosis:
Has your child ever been exposed to o	r been the object of abuse?	What type (physical, emotional, sexual)?

### Check all of the symptoms below that apply to your child:

meck all of the symptoms below that apply to your child.	
Fails to finish things they start	Mean to others
Easily distracted	Demands a lot of attention
Has difficulty concentrating	Avoidance of being left alone
Day dreams or gets lost in their thoughts	Excessive need of reassurance
Shifts excessively from one activity to another	Clings to adults or too dependent
Has difficulty sitting still	Acts too young for their age
Impulsive or acts without thinking	Is easily led by others
Has difficulty awaiting their turn (games, etc)	Easily made jealous
Has difficulty participating in organized activities (sports)	Sibling rivalry
Is frequently disruptive in class	Fears they have to be perfect
Refusal to attend school	Very self-conscious or easily embarrassed
Argues a lot, bragging, boasting	Feelings of inadequacy
Lying	Avoids competitive situations
Chronic violation of parental limits	Feels no one loves them
Poor relationship with parents	Complains of loneliness
Runaway	Has difficulty making or keeping friends
Stealing, shoplifting, breaking and entering	Gets teased a lot
Negative peer associates (hangs out with others that get in trouble)	Avoids unfamiliar social situations
Physically violent to property (vandalism, destructive)	Does not associate with people their own age
Fire setting	Social withdrawal
Alcohol abuse -what kind?	Doesn't seem to have much energy
Drug abuse -what kind?	Overtired
Abusive to animals	Confused or seems to be in a fog
Any involvement with juvenile court	Often appears sad
Physically abusive to self (scratches self, cutting, suicidal attempts)	Excessive tearfulness or crying
Recurrent thoughts about death or preoccupation with death	Inappropriate expression of feelings (laughing at something sad)
Suicidal thoughts or verbalized intentions	Severe mood changes (very sad to very happy)
Sexually promiscuous	Pessimistic outlook toward the future
Concerns about sexual identity	Poor personal hygiene (does not keep self clean o take an interest in appearance)
Behaves like the opposite sex	Eating difficulties (vomiting, poor appetite, fear of trying new food, overeats, weight concerns)
Inappropriate sexual behavior. Explain:	Enuretic (urinates on self during day or night)
	Encopretic (soils self)

	Tics (sudden, rapid, recurrent motor movements or vocalizations)
	Nervous mannerisms (nail biting, thumb sucking, rocking)
	Often appears tense and unable to relax
	Frequent physical complaints (headaches, stomachaches, nausea)
	Unrealistic fears. Explain:
	Overly concerned with future event
	Panic (feelings of intense fear/discomfort/choking with palpitations, tremors, shortness of breath etc.)
	Can't get their mind off certain thoughts
	Fears they may do something bad
	Strange thoughts or ideas. Explain:
	Hallucinations - visual or auditory. Describe:
	Concerned that people are out to get them
	Obsessions - unwanted ideas, images, or impulses that intrude on thinking against wishes and effort to resist them. (Unreasonable fear of contamination or danger, extreme concern with order, symmetry or exactness)
Name	e of person completing this form:
Relat	ionship to child:

SIGNATURE: \_\_\_\_\_\_ DATE: \_\_\_\_\_

I do certify that all the foregoing information is true and complete.