

**CHILD INTAKE QUESTIONNAIRE**  
FOR CLIENTS UNDER THE AGE OF 18

1. Name of **Primary Person** that will see the Therapist \_\_\_\_\_ **Age** \_\_\_\_\_
2. Name of **Person completing the form** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Your Child's Birth History**

1. Is your child **adopted**? YES NO If so, at what age? \_\_\_\_\_  
Where was your child born? \_\_\_\_\_
2. Was your child **born**: FULL-TERM PREMATURE If premature how many weeks? \_\_\_\_\_
3. Did your **child's mother** smoke tobacco or use any alcohol, drugs or medications during the pregnancy?  
YES NO If so, please lists which ones: \_\_\_\_\_
4. Did the child's **mother have any problems** during the pregnancy or at delivery? YES NO If so, please describe them:  
\_\_\_\_\_  
\_\_\_\_\_
5. Did **mother feel depressed** after the baby's birth? YES NO
6. How well do you believe that **mother and baby bonded** after baby's birth? \_\_\_\_\_
7. **Developmental milestones:** Please rate child on EACH of the following, using a scale of: A=average; S=slower than average; F=faster than average  
\_\_\_\_ Smiled      \_\_\_\_ Sat up without support      \_\_\_\_ Stood\_      \_\_\_\_ Walked      \_\_\_\_ Fed self  
\_\_\_\_ Said 1<sup>st</sup> word      \_\_\_\_ Said phrases      \_\_\_\_ Toilet Trained      \_\_\_\_ Dressed self
8. Please detail any **milestone rated other than A** (average): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. During the child's first year of life, was **anything present in the life of a parent** which caused unhappiness or anxiety, or which placed either parent under special strain (even if the event had nothing to do with the baby)? If so, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

**About Your Child's Family**

1. The name of the child's **biological parents**: Parent One \_\_\_\_\_ Parent Two \_\_\_\_\_
2. **Marital status** of biological parents: \_\_\_\_\_ Who has **legal guardianship** of your child? \_\_\_\_\_
3. **If separated or divorced, effective date:** \_\_\_\_\_
4. **Custodial Parent** \_\_\_\_\_ (Please **provide copy of Custody/Medical Power of Attorney Information from divorce decree. Please include only the portion relevant to medical appointments and custody for your child.**)
5. **If parents separated, name, address, and phone of 2<sup>nd</sup> parent:**  
\_\_\_\_\_  
\_\_\_\_\_

6. **Primary language(s)** spoken in child's home: \_\_\_\_\_

7. Please list family members.

Relatives	Name	Age	Does Child Get Along Well with this Person?	Grade/ Occupation	Live in same home as child?
Father					
Mother					
Brother(s)					
Sister(s)					
Step-Father					
Step-Mother					
Step-Brother(s)					
Step-Sister(s)					
Other(s)					

8. In your family, including yourself, was there:  
**Alcoholism and/or Substance Abuse?** Yes No Father / Mother / Siblings / Self

How Long? \_\_\_\_\_

Resolved?: \_\_\_\_\_

9. **Serious Illness?** Yes No Father / Mother / Siblings / Self How Long? \_\_\_\_\_

Resolved?: \_\_\_\_\_

10. List **major changes**, including marriages, divorces, moves, deaths, etc, **which have occurred in your family in the last 5 years**. (If there are other events that happened earlier that still affect the family, please add those.)

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11. What **stresses** does your family struggle with? \_\_\_\_\_

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12. How often does your family have **dinner together**? \_\_\_\_\_

13. How often, and what **activities** do you do together as a family (church, sports, etc)? \_\_\_\_\_

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### About Your Child's Education

1. What **school** does your child currently attend? \_\_\_\_\_

Previous Schools? \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

2. Current **Grade**: \_\_\_\_\_ Has your child ever **repeated a grade**? YES NO If so, which one(s)? \_\_\_\_\_

3. Is your child currently failing any classes? YES NO B) If so, how many? \_\_\_\_\_

4. Child's **Favorite** Class/Subject \_\_\_\_\_ **Least favorite** Class/Subject \_\_\_\_\_

5. Does your child currently have and IEP or 504 plan with the school? If yes, please elaborate as best you can:  
\_\_\_\_\_  
\_\_\_\_\_

6. Has your child received any academic or psychological **testing** done at school or elsewhere? Yes No  
If yes, when and where?  
\_\_\_\_\_

7. What do school **teachers/personnel tell you** about your child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**About Your Child's Routine**

1. What kinds of **physical exercise** does your child get (sports, playing outside, etc.)?  
\_\_\_\_\_

2. How much screen time is your child allowed during the week? \_\_\_\_\_  
\_\_\_\_\_  
During Weekends and/or school breaks? \_\_\_\_\_

3. Does your child play video games? If Yes, what games? \_\_\_\_\_

4. Does your child have a phone? \_\_\_\_\_

5. Does your child have access to social media? If yes, what applications?  
\_\_\_\_\_

6. Is your child's **eating restricted** in any way? How? Why?  
\_\_\_\_\_  
\_\_\_\_\_

7. **Bedtime**: \_\_\_\_\_ **Wake-up Time**: \_\_\_\_\_  
**Hours of sleep** on an average night : \_\_\_\_\_

8. Does your child have any **problems getting enough sleep**? YES NO Please describe fully.  
\_\_\_\_\_  
\_\_\_\_\_

9. **Curfew**: A) school nights \_\_\_\_\_ B) weekend/holiday nights \_\_\_\_\_

10. List assigned **chores** and how well they do them:  
\_\_\_\_\_  
\_\_\_\_\_

11. What does your child currently do too often, too much, or at the wrong times, that gets him/her in trouble? Please list all the behaviors you can think of. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What does your child do that you like? What does he/she do that other people like?  
\_\_\_\_\_  
\_\_\_\_\_

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**About Your Child's Health**

1. Has your child experienced any of the following **medical problems**?  
 a serious accident     hospitalization     surgery     asthma     a head injury     eye/ear problems     meningitis  
 hearing problems     allergies     convulsions/seizures     loss of consciousness     other  
\_\_\_\_\_
2. Describe any **allergies** your child has: \_\_\_\_\_
3. List all **medications or drugs** your child takes or has taken in the last year—prescribed, over-the-counter, and others.  
Include dosages please. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What nutritional **supplements or herbs** is your child taking? \_\_\_\_\_  
\_\_\_\_\_
5. Is there any concern that this child has used **drugs**? \_\_\_\_\_. If so, describe which drugs, frequency, age at first use, and amounts.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Child's Social Information**

1. Please describe any past or current **traumas** your child has experienced (including abuse, physical sexual or verbal): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Please describe your child's **interaction with adults**: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Please describe your child's **interaction with other children**: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. **How many** of your child's peers can you describe?     None     Some     Most     All
5. Do **you like** your child's peers?     None     Some     Most     All
6. How would you describe your child's **personality and/or temperament** (happy, content, fussy, quiet, irritable)? \_\_\_\_\_  
\_\_\_\_\_
7. Please include any **additional information** that you feel is important regarding your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Child's Treatment History & Goals**

1. Has your child received **previous psychiatric treatment or counseling**? YES NO If yes, please list previous mental health professionals, dates of treatment, diagnosis (ses), and treatment effectiveness. \_\_\_\_\_

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2. Has your child ever made statements of **wanting to hurt him/her self** or seriously **hurt someone else**? Has he/she ever purposely hurt himself or another? YES NO If yes to either question please describe the situation: \_\_\_\_\_

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3. Has your child ever experienced any serious **emotional losses** (such as a death of or prolonged physical separation from a parent or other caretaker)? YES NO If yes, please explain: \_\_\_\_\_

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4. Has anyone in your child's **family experienced or been diagnosed** with a psychiatric illness (anxiety, depression, suicide, schizophrenia)? YES NO

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

5. Any **additional information** that you would like to share? \_\_\_\_\_

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6. **Please sign below to indicate that the information provided is true and correct:**

Legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_