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INTAKE EVALUATION

To be completed by Parent

Identifying Information

Client's Name: _____ Today's Date: _____

Gender: M _____ F _____ Age: _____ Birth Date: _____

Social Security (ID) Number: _____

Custodial Parent(s) Name: _____

Address:_____ City, State, Zip: _____

Telephone(s): Home: _____ Mother (Work): _____ Father (Work): _____

May we leave a message for you at home? Yes or No: _____

May we leave a message at work? Yes or No: _____

Grade In School: _____ School: _____ Phone: _____

Referred by: _____

Others living in the home (Include name, birthdate, and relationship to client for each):

_____, _____

_____, _____

Immediate family living outside the home (Include name, birthdate, and relationship to client):

_____, _____

Emergency Contact: _____ Phone: _____

Insurance Information

Name of insured: _____ Insured date of birth: _____

Address of insured person: _____ City, State, Zip: _____

Relationship of client to insured person: _____

Insurance company: _____ Phone: _____

Insurance company address: _____ City, State, Zip: _____

Insurance identification number: _____ Group number: _____

Employer of insured person: _____

Secondary insurance: _____ Phone: _____

Name of secondary insured: _____ Date of Birth: _____

Secondary company address: _____ City, State, Zip: _____

Secondary identification number: _____ Group number: _____

Employer on secondary insurance: _____

Patient or Authorized Person's Signature: I authorize the release of any medical or other information necessary to process a claim. I also request payment of government benefits either to myself or to the party who accepts assignment. I authorize payment of medical benefits to the provider of services.

Signature: _____ Date: _____

Child's Name: _____

Presenting Problem

Describe the child's problem(s) that brings you in for treatment:

Parent/family's goals for treatment:

Check any of the symptoms that the child has been having:				(This space reserved for additional comments by clinician)
Depressed mood		Feels hopeless		
Extreme sadness		Tearful/crying spells		
Trouble concentrating		Memory problems		
Change in sleeping habits		Lack of energy		
Security blanket or object		Stuttering		
Bedwetting		Thumb sucking		
Change in eating habits		Weight/appetite changes		
Problems getting along with family		Problems getting along with friends		
Doesn't seem to enjoy usual activities		Feeling of extreme happiness		
Trouble doing school work		Truancy		
Feeling stressed		Irritable		
Low self-esteem		Isolation/withdrawal		
Perfectionism		Expresses feelings of guilt		
Worries		Seems nervous		
Feeling fearful		Sudden feelings of panic		
Physical complaints of pain		Tense/uptight		
Anger outbursts		Acting violently		
Running away		Harm to animals		
Has hurt or cut on themself		Fire setting		
Thoughts of killing self		Thoughts of killing others		

History of Treatment

	Yes	No	Comments/Explanation
Has the child been in treatment before?			Date(s): Who did they see?
Was treatment successful?			What happened?
Was the child's school/counselor part of the treatment?			What was the involvement? Name: Phone:
Has the child been prescribed any psychiatric medications?			Date(s): If yes, please describe:

Psychological History

	Yes	No	Comments/Explanation
Has the child witnessed violence?			
Has the child been traumatized or abused?			
Was the child a victim, victimizer, or both?			
Was there a dominance of big kids over little kids that organized the orphanage or home?			
Has there been any family crisis since the adoption? Loss of family member, marital separation, or divorce?			
Do you know of any mental health issues in the family of origin?			In what area(s)?
Is the child aggressive?			In what area(s)?
Does the child struggle with impulse control?			
How did/does this child attempt to keep safe?			
What are the child's experiences with loss (parents, caregivers, siblings, friendships)?			

Developmental History

	Yes	No	Comments/Explanation
Were there problems with the pregnancy or delivery of the child?			
Any initial problems with eating, sleeping, or crying spells (colic, nightmares)?			
Did the child demonstrate any difficulties or delays in walking, talking, toilet training?			

School History

	Yes	No	Comments/Explanation
Were there any problems when the child started school?			
When did the child start school?			
What problems have come up during the school years?			
What grades is the child getting?			
Describe any changes in the child's school performance:			
How does the child get along with his or her teachers?			
How does the child get along with his or her friends or peers in school?			

What are the child's favorite subjects or school activities
What subjects or activities does the child have problems with?

Medical History

	Yes	No	Comments/Explanation
Has the child seen a doctor within the last year?			What was it for? Doctor's name: Phone:
Did the medical exam indicate evidence of prenatal exposure to alcohol or drugs, or other toxins?			
Is the child taking any medications, prescription or over the counter?			What?
Were the physical needs met adequately?			
Does the child have any allergies?			
Does/has the child had any physical health conditions (including head injuries, traumatic injuries, serious illness)?			
Does the child have any problems sleeping?			
Does the child have any problems eating?			
Does the child have any problems toileting?			

Attachment, Social History, and Family Functioning

Describe the child's relationship to the parents:
Describe the child's relationship to the siblings: Please list names and ages and relationship with all siblings.
Describe the child's temperament regardless of the circumstances:
What is the child's ability to regulate their emotions?
What has been the parent's own experience in the regulation of their own emotions?
What are the child's strengths?
What are the child's weaknesses?
What are the parent's strengths?
What are the parent's weaknesses?

Where there any early attachments? When: To Whom: What preceded the break in attachment? What developmental stage was the child at during each break of attachment? Who has worked with the child's stress system before, i.e. teaching, comforting, calming, soothing?
What is weakening attachment now that could be avoided?
Where is the child more open to cueing that leads to attachment?
Where there parting instructions that were given to the child?
What is the child doing that diminishes family self-esteem?
How is the child culturally and ethnically perceived in their community? How is the child's sense of self being strengthened as an ethnic/cultural minority member?
What did parents most hope for in their adoption experience?
Does the child seem to be gaining against a normal development curve, staying on curve, or maintaining a slower curve?