

Child and Adolescent Intake Form

Name: _____

Date: _____

PRESENTING PROBLEMS AND CONCERNS

Describe the problem your child is exhibiting that brought you here today:

Please check all your child's behaviors and symptoms that you consider problematic:

Distractibility	Change in Appetite	Visual Hallucinations
Hyperactivity	Manipulative Behaviors	Defiance
No or Few Friends	Withdrawal From People	Impulsivity
Boredom	Anxiety/ Worry	Aggression/ Fights
Eating Problems	Panic Attacks	Sleep Problems
Homicidal Thoughts	Fear Being Away From Home	Poor Memory/Confusion
Sadness/Depression	Frequent Arguments	Nightmares
Irritability/Anger Problems	Social Discomfort	Phobias
Hopelessness	Peer/Sibling Conflict	Fire-Setting
Thoughts of Death	Obsessive Thoughts	Stealing
Work/ School Problems	Self-harm Behaviors	Compulsive Behaviors
Destroys Property	Legal Problems	Crying Spells
Loneliness	Racing Thoughts	Running Away
Low Self-Worth	Flashbacks	Sexual Behaviors
Guilt/ Shame	Hearing Voices	Lack of Motivation
Fatigue	Suspicion/ Paranoia	Recurring, Disturbing Memories
Wide Mood Swings	Swearing	Computer Addiction
Curfew Violations	Alcohol/Drug Use	Lying
OTHER:		

Other behaviors your child is exhibiting that you want us to know about:

Are your child's problems affecting any of the following? Check all that apply:

Handling Everyday Tasks

Self-esteem

Hygiene

Health

Relationships

Has your child ever reported having thoughts about, made statements about, or attempted to hurt him/herself?

Yes No If yes, please describe:

Has your child ever reported having thoughts about, made statements about, or attempted to hurt someone else?

Yes No If yes, please describe:

Has your child recently been physically hurt or threatened by someone else?

Yes No If yes, please describe:

Have your child gambled in the past 6 months? Yes No If yes:

Have you noticed him/her betting more money? Yes No

Has your child ever lied to you about how much he/she has gambled?

Yes No