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CHILD AND ADOLESCENT INTAKE FORM

Name of Child:	Age	Gender	Date of Birth
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Name of Person Completing this Form: _____

What is Your Relationship to this Child? _____

Who Currently Resides With this Child?

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who Has Legal Custody of the Child? _____

Who Has Physical Custody of the Child? _____

What are the Visitation Arrangements? _____

Why are You Bringing Your Child to Psychotherapy?

When Did These Problems Begin? _____

Does Anything Seem to Alleviate the Problems? _____

Prenatal Problems (illness, exposure to drugs or alcohol, etc.):

Birth Complications: _____

Recurrent or Major Illnesses, Illnesses in Infancy, Injuries (especially to the head), Surgeries, and Allergies:

Medications Used: _____

**If Child was Adopted, or if You Are Child's Guardian or Foster-parent,
Age Child Was Placed with You: _____**

Age of Child at Time of Adoption or Guardianship: _____

History of Biological Parents (medical and psychiatric history, drug or alcohol use, criminal history, abuse history, etc.):

How Does the Child Feel About Guardianship/Adoption/Foster-placement?

Child's Temperament as a Baby (easy-going, irritable, cuddly, etc.)

Age Child First Walked: _____

Age of First Word with Meaning: _____

Toilet Training (age trained, any problems, etc):

Age Child Started Daycare and Child's Reaction:

Age Child Started School and Child's Reaction:

Describe Discipline Methods Used with Child and Who Disciplines:

Is This Discipline Effective? _____

Describe the Role of Religion in the Family: _____

Describe any Stress in the Family History (illness, death, trauma, financial, in-laws, marital discord, spouse abuse, divorce, drugs, alcohol, mental illness, etc.), and the Reaction of the Child:

Describe any Problems with the Following in the Past or at Present:

Vision, Hearing, Speech, or Coordination: _____

Eating or Weight Maintenance: _____

Sleeping: _____

Elimination Problems (urination/wetting and defecation/soiling):

Activity Level or Attention Span: _____

Anxiety (nervous habits, fears, phobias, panic attacks):

Somatic Problems (e.g., headaches, stomach aches, palpitations):

Depression: _____

Accident-prone: _____

Low Self-esteem: _____

Social Relationships: _____

Sexual Behavior or Concerns: _____

Tantrums: _____

Destructiveness: _____

Aggression to People or Animals: _____

Defiance: _____

Substance Use, Abuse or Dependence (Drugs, Rxes, Alcohol, Cigarettes):

Lying: _____

Stealing: _____

Sexual Abuse: _____

Physical Abuse: _____

Emotional Abuse: _____

Neglect: _____

School Achievement (grades, retained, special education, etc):

Learning Disabilities: _____

School Behavior and Peer Relationships (e.g., level of cooperation, completion of homework, truancy, friendships at school, etc):

Describe Relationship of Child with Mother (degree of closeness, tension, enjoyment, frustration, time spent together, etc.):

Describe Relationship of Child with Father (see above):

Describe Relationship of Child with Step-Mother or Other Significant Adult (e.g. relative or partner of parent) (see above):

Describe Relationship of Child with Step-Father or Other Significant Adult (see above):

Describe Relationship of Child with Siblings (see above):

Describe the Child's Special Interests, Hobbies, and Aptitudes:

Parental Marital History:

Circumstances of First Separation or Divorce and Child's Reaction:

Circumstances of Second Separation or Divorce and Child's Reaction:

Describe any Problems Related to Shared Custody and Visitation:

What are the Child's Current Feelings about the Separation or Divorce and Custody and Visitation Arrangements:

Describe Mother's Family History (family relationships, illness, death, trauma, child abuse, financial stress, marital discord, spouse abuse, divorce, drugs, alcohol, mental illness, etc.):

Describe Father's Family History (see above):

Describe Family History of any other Significant Caregivers (see above):

Signature of Person Completing This Form **Date Form Completed**