



CHILD/ADOLESCENT INTAKE INFORMATION

The purpose of this questionnaire is to help obtain a comprehensive picture of your child's background. By completing these questions as fully and as accurately as you can, you will be assisting your counselor in effectively assessing your child's particular situation and needs.

Name: _____ Date: _____

Age: _____ Date of Birth: _____ Sex: _____ Grade: _____

Child's School District: _____ School: _____

Is child in special education? _____ No _____ Yes Type: _____

Name of mother: _____ Age: _____

Name of father: _____ Age: _____

Are parents (circle one): Married Separated Divorced Deceased

Name of step-parent (if applicable): _____

Has the child lived with anyone else? No Yes If yes, at what age? _____

If divorced or separated, please explain custody/visitation arrangements:

Name of guardian (if applicable): _____

Name of person providing information: _____

Relationship to the child: _____

Sagemont member? No Yes If so, how long? _____

Who referred you to us for counseling? _____

Is your child adopted? No Yes If yes, at what age? _____

If applicable, is he/she aware of the adoption? Yes No

Does he/she know the identity of the birth parent? Yes No

Please list all siblings (and step-children) and indicate whether they live at home:

Name	<u>Age</u>	<u>Bio</u>	<u>Step</u>	<u>Adopted</u>	<u>Home?</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List any other adults in the home and the relationship to the child:

Father's education? _____ Occupation? _____

Mother's education? _____ Occupation? _____

Step-parent education? _____ Occupation? _____

What is the family's current employment situation? _____

Why are you seeking help at this time? _____

How long have you been dealing with this issue? _____

What are some ways you've attempted to deal with this problem in the past?

Have you, or your child, been in counseling before? Yes No

If so, when? _____

With whom? _____

For how long? _____

Why did the counseling end? _____

Were you satisfied with the results? _____

What is your goal for this counseling? What do you hope it will accomplish?

Please complete this thought: ***This counseling will be successful if...***

Describe any problems your child had at birth: _____

Describe any developmental delays: _____

Rate your child's current health: very good good average declining

Child's approximate weight: _____ lbs. Weight changes: lost/gained _____ lbs.

Physician: _____ Date of last physical exam: _____

List all important present or past illnesses, injuries or handicaps:

Has your child had any history of substance use or abuse? Yes No Not sure

If yes, please describe: _____

Describe any history of attention/hyperactivity problems: _____

Has he/she ever received any educational or psychological testing? Yes No

If so, please describe when, where and for what purpose: _____

Has your child been under the care of a psychiatrist? Yes No

If he/she is currently on any medications, please complete below:

Medication	Dosage	Purpose	Physician
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the child experienced any kind of physical, sexual and/or emotional abuse?

Yes No Not sure

If so, what type of abuse? _____

When did/does it occur? _____

Has the abuse ever been disclosed and/or reported? Yes No

If so, how? _____

What type of legal action, if any, was taken regarding the abuse?

How does the abuse affect him/her presently? _____

Has there been any history of aggression toward self or others? Yes No

If so, please describe: _____

As far as you know, has the child ever thought about suicide? Yes No

If he/she has, when? _____

Why? _____

Did he/she take any steps to harm himself/herself? Yes No

If so, what did he/she do? _____

Did he/she receive any treatment? Yes No

Has he/she ever been hospitalized for any emotional reasons? Yes No

If he/she has received psychiatric treatment, please describe:

List and describe any significant family stressors (i.e. deaths, separations, job loss, financial hardship, addictions, legal problems, relocations, etc.):

Do any members of your family have a history of drug and/or alcohol abuse?

Yes No Not sure

If yes, please explain: _____

Do you have a family history of depression or any other emotional problems?

Yes No Not sure

If so, please describe and indicate how the problem was addressed:

Who would you say usually disciplines the child? _____

What methods are utilized? _____

Which seem to be the most effective? _____

Do parents/care-givers agree on discipline? Yes No

What is his/her typical response to discipline? (Please circle)

pout	tantrum	walk off	hit
yell	cry	ignore	talk back
test	comply	accept	other

When does he/she tend to misbehave? _____

Please circle any habits/fears that your child has or has had:

head banging	thumb sucking	fire setting	lying
rocking	hair pulling	animal cruelty	tics
stealing	nail biting	fear of the dark	other

Circle those descriptions which best describe your child's typical interactions:

cooperative	domineering	submissive	sensitive
aggressive	withdrawn	distant	competitive
provocative	manipulative	cruel	other

Do you consider your child to be a Christian? Yes No Not sure

If you do, please briefly describe his/her salvation experience:

Has your child been baptized? Yes No

Does your family belong to a church? Yes No

If so, and your membership is with a church other than Sagemont, which one do you belong to?

How often would you say your family attends church in a typical month?

_____ We usually don't attend

_____ 1 – 2 times per month

_____ 3 – 4 times per month

_____ 5 – 6 times per month

_____ 7 or more times per month