Psychology Intake Form

What led you to seek psychological services for your child and/or family?

_____

_____

_____

Has your child ever been evaluated or treated by a psychologist or psychiatrist in the past? ☐ Yes ☐ No

If yes, when and for what reason(s)? _____

_____

Indicate which stressors your child is experiencing now (within last 6 months) or has in the past:

Now	Past		Now	Past		Now	Past	
☐	☐	Death of family member	☐	☐	Illness of family member	☐	☐	Illness of friend
☐	☐	Personal injury/illness	☐	☐	Parents separated	☐	☐	Parents divorced
☐	☐	Conflicts within family	☐	☐	Conflicts with friends	☐	☐	Conflicts at school
☐	☐	Academic difficulties	☐	☐	Change in residence	☐	☐	Legal problems
☐	☐	Sexual abuse	☐	☐	Physical abuse	☐	☐	Verbal/emotional abuse

Other Concerns: _____

Please check all that apply to your child:

- ☐ Suicidal thoughts
- ☐ Depression/sadness
- ☐ Anxiety/nervousness
- ☐ Recurrent/intrusive thoughts
- ☐ Nightmares
- ☐ Academic difficulties
- ☐ Loss of appetite or over-eating
- ☐ Weight loss or gain
- ☐ Recurrent/intrusive disturbing recollections or dreams
- ☐ Overwhelming need to perform certain behaviors/rituals
- ☐ Excessive fears or phobias
- ☐ Significant concerns with physical problems
- ☐ Difficulty sleeping
- ☐ Poor frustration tolerance
- ☐ Explosive anger
- ☐ Fatigue
- ☐ Rapid mood changes
- ☐ Loss of interest in almost all activities
- ☐ Feeling worthless
- ☐ Racing thoughts
- ☐ Feelings of hopelessness
- ☐ Decreased need for sleep
- ☐ Poor self esteem
- ☐ Aggressive
- ☐ Visual or auditory hallucinations
- ☐ Stomach aches
- ☐ Unmotivated
- ☐ Bizarre behavior
- ☐ Overly dependent
- ☐ Shy and withdrawn
- ☐ Quiet

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- ☐ Harms self on purpose
- ☐ Resists change
- ☐ Self-stimulates
- ☐ Wetting bed or clothes
- ☐ Exhibits sexually inappropriate behavior
- ☐ Picks at skin or pulls out hair
- ☐ Overly emotional
- ☐ Immature for age
- ☐ Is very fidgety
- ☐ Can't remain seated
- ☐ Can't wait his/her turn when playing with others
- ☐ Answers before s/he hears the whole question
- ☐ Rarely follows other's instructions
- ☐ Easily lies to others
- ☐ Steals things
- ☐ Destroys other people's property
- ☐ Irritable
- ☐ Is cruel to animals
- ☐ Starts fights with others
- ☐ Homicidal thoughts
- ☐ Other unusual behavior:
  _____

What are your goals for evaluation and/or therapy?

_____

_____

_____

What are 3 positive qualities about your child?

1. _____
2. _____
3. _____