

## Family Intake

**Legal Guardian/Custodian** \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Hm phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**If parents are separated or divorced, please provide contact information on separate sheet of paper.**

**Child's Name** \_\_\_\_\_

Child's DOB \_\_\_\_\_ Adopted \_\_\_ Foster Care \_\_\_ Birth \_\_\_ Relative \_\_\_

If adopted: Domestic? \_\_\_ International? \_\_\_ At what age? \_\_\_

At the time of adoption, was this child in: An orphanage? \_\_\_ Foster Care? \_\_\_ With birth parent(s) \_\_\_ Relative Care? \_\_\_

DCN# or insurance provider \_\_\_\_\_

Referring Case Manager Agency \_\_\_\_\_

### Childhood History

If this child was in foster care or with a relative, how many moves from the birth family has this child made? \_\_\_\_\_

Please indicate where this child has been and for how long.

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(If there is not enough space, please feel free to use the back of this form for that information. It is very important to know where this child has come from if that information is available to you).

Who lives in the home? (please include foster/adopt/birth of other children in home as well)

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What do you like most about your child?

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What is your child's greatest strength?

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What does your child struggle with the most?

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**Please check ALL behaviors that apply to your child.**

\_\_\_ Superficially engaging and charming

\_\_\_ Does not like to be touched

\_\_\_ Very clingy, needy

\_\_\_ Emotionally immature

\_\_\_ Lack of appropriate contact

\_\_\_ Affectionate with total strangers

\_\_\_ Poor cause and effect thinking

\_\_\_ Poor peer relationships

\_\_\_ Abnormal eating habits

\_\_\_ Lying

\_\_\_ Learning lags

\_\_\_ Hoarding food or things

\_\_\_ Urinating in inappropriate places

\_\_\_ Bowel movements in pants

\_\_\_ Spreading feces on walls or floors

\_\_\_ May hurt other without remorse

\_\_\_ Preoccupied with blood or violence

\_\_\_ Preoccupied with fire

\_\_\_ Has threatened siblings/parents

\_\_\_ Abused animals in some way

\_\_\_ Has made suicidal threats or actions

\_\_\_ Stealing

Add any additional information

here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide the following information about your child and family:**

Tell me about the child's family of origin if in foster care or adopted. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What services is your child currently receiving? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does anyone in the family of origin currently use or has used in the past any type of drug, tobacco or alcohol? \_\_\_\_ If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has anyone in the family of origin been treated for a mental health issue such as depression, bi-polar (manic depression), schizophrenia, etc? Yes \_\_\_\_ No \_\_\_\_

**Education History**

What school does your child attend? \_\_\_\_\_  
\_\_\_\_\_

What grade is he/she in? \_\_\_\_

School address \_\_\_\_\_

Phone number \_\_\_\_\_ Teacher's name \_\_\_\_\_

Does this child have an IEP or a 504? Yes \_\_\_\_ No \_\_\_\_

Has your child experienced any of the following problems at school?

\_\_\_\_ Fighting \_\_\_\_ Lack of friends \_\_\_\_ Drugs/alcohol \_\_\_\_ Detention

\_\_\_\_ Suspension \_\_\_\_ Learning disabilities \_\_\_\_ Poor attendance \_\_\_\_ Poor grades

\_\_\_\_ Gang influence \_\_\_\_ Incomplete homework \_\_\_\_ Behavior problems

Or does your child excel in school and get along very well with teachers but does not have very good social skills with peers? \_\_\_\_Yes \_\_\_\_No

Does your child have special care needs/issues in daily living skills? \_\_\_\_\_

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### Medical History

Child's Doctor \_\_\_\_\_

Address \_\_\_\_\_ Phone  
# \_\_\_\_\_

Last medical exam? \_\_\_\_\_

Did the child's mother use tobacco, drugs, alcohol or medications during pregnancy? If so, please describe:

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Has your child experienced any of the following medical problems?

\_\_\_\_Head injury \_\_\_\_Surgery \_\_\_\_Seizures/convulsions \_\_\_\_Asthma

\_\_\_\_High fever \_\_\_\_Hearing problems \_\_\_\_Vision problems \_\_\_\_Allergies

Please list any current medical problems of physical handicaps. \_\_\_\_\_

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**Medication History**

Current Medication	Dosage	Frequency	Prescribing Dr.	Reason	Compliance

Add any additional information regarding medications here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever made statements of wanting to seriously hurt him/herself or someone else? \_\_\_\_ Has he/she ever purposely hurt him/herself or someone else? \_\_\_\_

Any recent or current stressors in the child's life? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_