Kimberlee Van Burch, MSW, LCSW Licensed Clinical Social Worker
Individual, Family and Group Psychotherapy

CHILD AND ADOLESCENT INTAKE FORM

To be filled out by parent or guardian requesting services for a minor child. This information will help your therapist understand your child. It, as all communications with your therapist, will be kept confidential to the full extent of New Jersey law.

BACKGROUND INFORMATION

Date _____

Child's Name _____ Date of Birth _____ Age _____

Child lives with (✓ one): both biological parents _____ mother _____ father _____

mother & stepfather _____ father & stepmother _____ other _____

If parents are divorced, describe custody arrangements: _____

_____

Child's Address/City/St/Zip _____

_____ Child's Home Phone _____

Emergency Contact Person (other than parent)_____ Phone Number _____

INFORMATION ABOUT CHILD'S MOTHER

Mother's Name _____ Age _____ Race _____

Employer _____ Occupation _____ Hrs/wk _____

Employer's Address _____

Can you be contacted at work by phone? Yes No Work phone _____ ext _____

Describe any physical problems you have that require medication or physical care? _____

_____

Are you currently receiving medical treatment? Yes No Physician _____

Medication(s) currently using _____

Previous Counseling / Therapy? Yes No If yes, when? _____

With whom and for how long? _____

INFORMATION ABOUT CHILD'S FATHER

Father's Name _____ Age _____ Race _____

Employer _____ Occupation _____ Hrs/wk _____

Employer's Address _____

Can you be contacted at work by phone? Yes No Work phone _____ ext _____

Describe any physical problems you have that require medication or physical care? _____

_____

Are you currently receiving medical treatment? Yes No Physician _____

Medication(s) currently using _____

Previous Counseling / Therapy? Yes No If yes, when? _____

With whom and for how long? _____

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FAMILY MEMBERS

List all people now living in the household.

Name	Relationship to Child	Age	Highest School Grade Completed	Occupation

DESCRIBE THE PROBLEM If possible, list questions for which answers are sought: _____

_____

_____

_____

Problem Areas: In the following list, place a check mark (✓) next to each item which identifies an area of concern to you. Place 2 check marks (✓✓) by those items which are most important. (You may add written comments after areas checked.)

_____	Anger / Temper	_____	Sexual Concerns
_____	Depression	_____	Thoughts of Suicide
_____	Education	_____	Trouble making decisions
_____	Family Problems	_____	Unhappy most of the time
_____	Fearfulness	_____	Use of Alcohol
_____	Marital Problems	_____	Use of Drugs
_____	Physical Problems	_____	Work
_____	Problems with Social Relationships	_____	Worry
_____	Problems with Children	_____	Other (specify) _____
_____	Religious / Spiritual Concerns		_____

MEDICAL HISTORY

List child's sickness, operations, and injuries. Indicate age when occurred and describe how severe. Please pay special attention to head injuries and any time when your child was unconscious, had convulsions, a high fever, or was delirious:

_____

Have there been any previous psychological, psychiatric, neurological, or EEG evaluations? Yes No

If so, please list names, addresses, and dates of contact: _____

_____

Indicate any continuing medication treatment: _____

How is child's vision? _____

How is the child's hearing? _____

Describe previous speech or hearing therapy, if any: _____

When did your child last have a physical examination? _____

Physician's Name _____ Phone _____

Physician's Address _____

ACADEMIC / SCHOOL INFORMATION

School Name _____ Grade _____ Teacher _____

List previous schools attended with dates: _____

Has child ever repeated a grade? Yes No If so, when? _____

How does your child get along at school? _____

Describe difficulties in learning at school: _____

Have other family members had learning difficulties? _____

Describe what your child likes to do for fun, special interests, hobbies, etc. _____

Describe your child's religious background (religious denomination, is he/she a member of a church, attendance at Sunday School and worship services, religious training at home, prayer life, concept of God, etc.) _____

I learned about your services from: Name _____

Address _____

May I send a thank you note to this person? Yes No

Signature _____ Date _____