



**BIOGRAPHICAL INFORMATION-INTAKE FORM
CHILD/ADOLESCENT**

Please fill out this biographical background form as completely as possible. It will help us in our work together. Information is confidential as outlined in the Office Policy form and the HIPAA Notice of Privacy Practices. If you do not desire to answer any question, merely write, "Do not care to answer." Bring completed form with you to the first session. Please print.

PERSON PROVIDING INFO _____ DATE _____

RELATION TO CLIENT _____ LEGAL GUARDIAN _____

BIOLOGICAL PARENTS _____ ADOPTION _____ FOSTER PARENTS _____

DIVORCE _____ CUSTODY _____

CLIENT _____ MALE/FEMALE: _____ AGE _____

DATE OF BIRTH/PLACE _____

ADDRESS: _____

TELEPHONE: H: _____ Cell: _____ W/Off: _____ FAX: _____

FOR CONFIDENTIAL/PRIVATE MESSAGES: Phone # _____ E-mail: _____

PERSON & PHONE # TO CALL IN EMERGENCY: _____

CURRENT GRADE LEVEL: _____ SCHOOL ATTENDING _____

REFERRAL SOURCE: _____

Child/Adolescent Intake

PRESENTING PROBLEM (be as specific as you can: when did it start, how does it affect the child and your family, school, social settings, etc...)

Estimate the severity of above problem:

Mild Moderate Severe Very severe

What have you done to address the problem so far?

WHAT IS YOUR METHOD OF DISCIPLINE? (Corporal punishment, lectures, takes privilege away, rewards, etc)

DESCRIBE CLIENT HISTORY IN GENERAL (Mood, relationships with parents, siblings, others, school, neighborhood, relocations, and significant events):

LEGAL GUARDIAN PAST & PRESENT MARRIAGE/S (years together, names & statement about the nature of the couple relationship/s and relationship with the child, i.e., friendly, distant, physically/emotionally abusive, loving, hostile, divorce, custody issues):

SIBLINGS/STEP-SIBLINGS (name/age, brief statement about the relationship with the child)

1. _____
2. _____
3. _____
4. _____
5. _____

MEDICAL DOCTOR/S (name /phone): _____

Child/Adolescent Intake

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness, allergies):

SPECIFY MEDICATION AND DOSAGES your child is presently taking and for what. **PRINT** clearly:

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (age started, drugs used, frequency, treatments):

SUICIDE ATTEMPT/S, THREAT/S or AGGRESSIVE BEHAVIOR (describe: ages, reasons, circumstances, how, etc)

SELF INJURIOUS BEHAVIORS (describe: age, circumstances, current, past, extent of injuries)

SIGNIFICANT LIFE EVENTS (history of trauma such as physical, sexual abuse, neglect, natural disasters, accidents, death of someone close, family illness, etc)

FAMILY MEDICAL HISTORY (Describe any illness that runs in the family: cancer, epilepsy, etc)

FRIENDSHIPS, RECREATION, ORGANIZED SPORTS, COMMUNITY, & SPIRITUALITY (Describe quality, frequency, activities, etc.):

PAST/PRESENT THERAPY (specify: month year/s, beginning—end), estimated no. of sessions, name, degree, phone & address, initial reason for therapy, Ind/Family, medication, brief description of the relationship and how helpful it was, and how/why it ended):

1. _____

2. _____

USE OTHER SIDE OF THE PAGE FOR MORE INFORMATION ABOUT PSYCHOTHERAPISTS

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE (including suicide, depression, anxiety, hospitalizations in mental institutions, abuse, bizarre behaviors etc.):

DEVELOPMENTAL HISTORY

Were medications taken during pregnancy?

____ Yes; specify _____
____ No ____ Unknown

Did the birth mother consume alcoholic beverages or abuse any street drugs during pregnancy?

____ Yes; specify _____
____ No ____ Unknown

Did the birth mother experience any physical or emotional problems during pregnancy?

____ Yes; specify _____
____ No

Was delivery normal?

____ Yes ____ Unknown
____ No; specify _____

Child/Adolescent Intake

What was the child's birth weight?

_____ lbs. _____ oz.
_____ Unknown

Did the baby experience any problems immediately after birth?

_____ Yes; specify _____
_____ No _____ Unknown

Has the child ever required hospitalization?

_____ Yes; specify _____
_____ No _____ Unknown

At what age did your child do the following?

_____ crawled
_____ walked by self
_____ talked in single words
_____ talked in sentences
_____ fed self
_____ potty training
_____ rode a bike

Check behaviors that apply and provide any further explanation in the comment section.

Nightmares _____	Separation Anxiety _____
Enuresis (wetting) _____	Encopresis(soiling) _____
Theft _____	Lying _____
Fire Setting _____	Cruelty to Animals _____
Physical Abuse _____	Sexual Abuse _____
Temper Tantrums _____	

Comments: _____

How would you describe your child's approach to new situations?

_____ Positive, jumps right in
_____ Withdrawn, tends not to participate
_____ Slow to warm up; cautious

How would you generally describe your child's overall mood?

_____ Positive (happy, laughing, upbeat, hopeful)
_____ Negative (depressed, cranky, angry, hostile)
_____ Mixed but more positive, than negative
_____ Mixed but more negative than positive

SLEEP/APPETITE DISTURBANCES (recent changes in weight, eating or sleep patterns)

ACADEMIC HISTORY

Which school is your child currently attending?

Check those that apply and provide any further explanation in the comment section.

Academic Problems _____	School Behavior Problems _____
Special Services _____	Extra-curricular Activities _____
Failed Grade _____	Held Back _____
Suspended _____	Expelled _____

Comments: _____

Has your child ever had involvement with the juvenile system?

Yes; specify _____

No

What are you child's most remarkable qualities?

What gives your child most joy in life?

What are your child's main worries and fears?

What are your child's most important wishes and dreams?

What is your treatment expectation?

Please add on the other side of the page or on a separate page any other information you would like me to know about you and your situation.