CHILD/ADOLESCENT
INTAKE/PSYCHOSOCIAL ASSESSMENT

Name: _____ **Date:** _____ **Referred by:** _____
Date of Birth: _____

Identifying Information (Age, ethnicity, sex, and current grades in school.) _____
_____

1.Reason for Referral: (Why are you here? Describe problems with behavior, academics, relationships, and child/teen's major symptoms.) _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

2. Background Information:
Place of Birth:_____
Current Living Arrangement (Who does the child live with and town/city of residence? If custody is joint list both.) _____
_____
Has the child always lived with this person? Y ☐ N ☐ If no, describe out-of-home placements. _____
_____
Is the child currently involved in custody proceeding or are such anticipated? Y ☐ N ☐ If yes, explain._____
_____
_____
Parent's/Step-parent's age and occupation: (Include education, occupation, marital status, etc.) What hours does each parent work?_____
_____
_____
_____
Siblings: (Name, age, and describe relationship with client.) _____
_____
_____
_____
_____
Birth Order: (First, second, etc.) _____
_____
_____

3. Family Psychiatric History: (Learning disorders, mental retardation, ADHD, bipolar, depression, anxiety, schizophrenia, or drug/alcohol abuse)

Paternal (Father and his family.) _____
_____
Maternal: (Mother and her family.) _____
_____

4. Educational History: (Give current grade or grade child will be attending.) _____

Current Grades: (Please bring copy of current grades.)
_____ ElementarySchool
_____ Middle School
_____ High School

Special Education Classes: Y ☐ N ☐ If yes, what class?
_____
_____

Repeat a grade: Y ☐ N ☐ lf yes,what grade? _____
Suspended: Y ☐ N ☐ What grade(s)? _____
Fight with teacher: Y ☐ N ☐ Use a weapon: Y ☐ N ☐ Skip school: Y ☐ N ☐ Steal: Y ☐ N ☐
Cruel to other children: Y ☐ N ☐ Member of a gang: Y ☐ N ☐ If checked, explain. _____
_____
_____
_____
Extracurricular Activities: (Clubs, sorority/fraternity, band) _____
_____
_____

5. Employment History (Disability status for child/adolescent):
Has the child ever received disability benefits? Y ☐ N ☐ If so, when did they begin and why?
_____
_____

6. Legal History:
Child/Adolescent: Youth Court Y ☐ N ☐ Training School Y ☐ N ☐
DHS Y ☐ N ☐ If yes to above, explain. _____
_____
History of: Stealing Y ☐ N ☐ Cruelty to animals Y ☐ N ☐
Setting fires Y ☐ N ☐ If yes, explain. _____
_____
Incarcerations-list family member (Ex. Aggravated assault-Uncle): _____
_____
_____
_____
_____

7. Developmental/Medical History:

Was the child full term pregnancy? _____

During mother's pregnancy, labor, or delivery, were there any problems? Y ☐ N ☐

If yes, explain. _____

Was the client's mother physically or emotionally abused? Y ☐ N ☐ If yes, explain. _____

_____

Any developmental delays? Any delays walking, talking, or toileting? Y ☐ N ☐ If yes, explain. _____

_____

Major childhood illnesses, injuries, surgeries, or seizures? (Include age.) _____

_____

_____

History of: Bed wetting Y ☐ N ☐ Toileting Y ☐ N ☐ If yes,explain. _____

_____

Immunization Status: (Current) _____

Last eye exam: _____ Last hearing exam: _____ If problems, explain. _____

_____

Date of Last Physical: _____Pediatrician/Physician: _____

Current Medical/Physical Complaints: _____

Current Medications:

Name of Medication	Dosage (amt. and frequency)	Purpose

Medication compliance: Y ☐ N ☐ If no, explain. _____

_____

_____

8. Nutritional Screening: (Consult Registered Dietician if 3 or more "Y" responses.)

Special Diet Y ☐ N ☐ Overweight Y ☐ N ☐ Underweight Y ☐ N ☐

Poor Appetite Y ☐ N ☐ Unintentional Weight Loss/Gains Y ☐ N ☐

Binge/Purge Y ☐ N ☐

History of Eating Disorder: If yes, give age and treatments._____

Significant Surgery & Date:_____

Head Injury or Motor Vehicle Accidents:_____

_____

History of physical/sexual/emotional abuse and/or neglect? List perpetrator, length of abuse, age of occurrence, and type. _____
_____
_____

Family Illnesses: (Any history of the following illnesses?)

Diabetes	Heart Disease	Glaucoma	Tuberculosis	Seizures
Thyroid	Arthritis	Hypertension	Ulcer	HIV

If yes, indicate which family member. _____
_____

9. Current Information and Daily Activities:

Appropriate hygiene and grooming: Y ☐ N ☐ If no, explain. _____
_____

If the client is 16 or older, does he/she drive and have a license? _____
_____

Does the client have responsibilities/chores? Y ☐ N ☐ Describe. _____
_____

Are they done when asked? Y ☐ N ☐

What rewards/consequences are given? _____

What type of discipline is used in your home? _____
_____

When arguments surface, what are/were they about? _____
_____

Describe client's relationship with parents/guardians and home environment. _____
_____
_____

How much time do you and your child spend together each week?_____

Describe client's relationship with friends and peers (School, home, and /or church): _____
_____
_____
_____
_____
_____

What activities does the client enjoy? _____
_____
_____
_____
_____
_____
_____
_____

Is there a history of the following:

Nightmares Y ☐ N ☐	Fighting Y ☐ N ☐	Attempted Suicide Y ☐ N ☐
Tantrums Y ☐ N ☐	Cutting Y ☐ N ☐	Inappropriate Internet Use Y ☐ N ☐

Sexual Orientation _____ Is child sexually active? Y ☐ N ☐ If yes, date of onset and partner(s). _____
Describe your child's personal strengths. _____
_____
_____
_____
Describe your child's personal weaknesses. _____
_____
_____
_____

10.Psychiatric History:
Outpatient treatment or services: (Give dates and reasons for treatment.) _____
_____
_____
Psychiatrist/Psychologist/Therapist: _____
Medication history: (Give medication names and ages when prescribed.) _____
_____
_____
Inpatient treatment or services: (Give dates and reasons for treatment.) _____
_____
_____
Psychological testing: (Give dates, reason for testing, and examiner.) _____
_____

11. Drug and Alcohol History:
Age of first tobacco use: _____ History of tobacco use: (Frequency, duration(s), period(s) of abstinence.) _____
_____
Severity: Mild Moderate Severe

Age of first alcohol use: _____ History of alcohol use: (Frequency, duration(s), period(s) of abstinence.) _____
_____Severity: Mild Moderate Severe

Age of first illegal drug use/abuse: _____ Hitory of illegal drug use: (Frequency, duration(s), period(s) of abstinence.) _____
_____
Severity: Mild Moderate Severe
Current Drug/alcohol of choice: _____ Date of last use:_____
Quantity: _____ Frequency: _____
Drug/alcohol treatment: _____

• • • STOP HERE. PLEASE READ NOTES TO PARENTS ON LAST PAGE

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