



# Integrative Psychology Group, LLC

300 Creek View Road, Suite 101  
Newark, DE 19711

Phone (302) 307-3702 Ext. 1

Fax (302) 355-3400

## Child Intake Information Form

**Child and Family Information:**

**Today's date:** \_\_\_\_\_

Your child's name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Child's nickname/preferred name: \_\_\_\_\_ Child's age: \_\_\_\_\_ Child's grade in school: \_\_\_\_\_

Your name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Your date of birth: \_\_\_\_\_

Are parents Married? Divorced? Separated? Never married? ( Please circle) Is a parent deceased? Y/N  
If deceased please indicate which parent \_\_\_\_\_

Is your child adopted? \_\_\_\_\_ at what age? \_\_\_\_\_ Is there contact with  
the birth parent? \_\_\_\_\_ Frequency? \_\_\_\_\_ Age at first contact? \_\_\_\_\_

**Mother's highest grade in school:** \_\_\_\_\_ **Current employer** \_\_\_\_\_ **Position held:** \_\_\_\_\_

History of learning or emotional difficulties? Substance abuse ?(Please specify): \_\_\_\_\_

**Father's highest grade in school:** \_\_\_\_\_ **Current employer** \_\_\_\_\_ **Position held:** \_\_\_\_\_

History of learning or emotional difficulties? Substance abuse ?(Please specify): \_\_\_\_\_

**If child's parents are divorced pleas indicate:** Visitation schedule: \_\_\_\_\_

Child's adjustment to visitation schedule? \_\_\_\_\_

**Family relationship history:**

Your spouse's name	Your age at marriage	When divorced/widowed	Is spouse remarried?
First _____	_____	_____	_____
Second _____	_____	_____	_____
Third _____	_____	_____	_____

**Significant non-marital relationships of primary caregivers:**

Name of person? relationship to which parent? when started? Problems from this relationship? Reasons for ending?

First \_\_\_\_\_

Second \_\_\_\_\_

Third \_\_\_\_\_

**Demographics of child's current family:**

Relative	Name	Current age (or age at death)	Illness (or cause of death, if deceased)	Education	Occupation
----------	------	----------------------------------	---	-----------	------------

**Your child lives with (please circle):** Both parents / mother/father /mother and stepfather/  
 father and stepmother/ Grandparent/ Guardian/ Other (please specify): \_\_\_\_\_

Stepparents \_\_\_\_\_

Grandparents \_\_\_\_\_

Uncles/aunts \_\_\_\_\_

Brothers \_\_\_\_\_

Sisters \_\_\_\_\_

Other children in the family and their relationship to your child \_\_\_\_\_

**J. Relationships in your child's family of origin.** Please describe the following:

1. Your children's relationship with each other: \_\_\_\_\_

2. Your child's relationship with each parent and with other significant adults:  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Your child's physical health problems, chemical use, and mental or emotional difficulties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Your relationship with your child and concerns that you might have: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Abuse history:** • My child was not abused in any way. • My child was abused. If your child was abused, please indicate the following. For kind of abuse, use these letters: P = Physical, such as beatings. S = Sexual, such as touching/molesting, fondling, or intercourse. N = Neglect, such as failure to feed, shelter, or protect you. E = Emotional, such as humiliation, etc.

Your Child's	age	Type of abuse	By whom?	Effects on them?	Whom did they tell?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Developmental and medical history**

Please indicate any difficulties with pregnancy and birth of your child: \_\_\_\_\_

**C. Has your child experienced any developmental delays?** \_\_\_\_\_

**Medical history:**

1. Starting with your child's birth and up to the present, list *all* diseases, illnesses, important accidents and injuries, surgeries, hospitalizations, periods of loss of consciousness, convulsions/seizures, and any other medical conditions your child has had. (Describe pregnancies in section B)

Age	Illness/diagnosis	Treatment received	Treated by	Result
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Describe any allergies your child has.

To what?	Reaction you have	Allergy medications you take
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. List *all* medications or drugs your child takes or has taken in the last year—prescribed, over-the-counter, and others.

Medication/drug	Dose (how much?)	Taken for	Prescribed and supervised by
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Has your child ever been exposed to toxic chemicals?

Date	Kinds of chemicals	Kind of work	Effects
_____	_____	_____	_____
_____	_____	_____	_____

**5. Medical caregivers**

1. Your child's current family or personal physician or medical agency:

Name	Specialty	Address	Phone #	Date of last visit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If your child enters treatment with me for psychological problems, may I tell your medical doctor if needed so that he or she can be fully informed and we can coordinate your treatment? • Yes • No

6. . Please list any family history of physical health problems, chemical use, and mental or emotional Difficulties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Other**

Are there any other medical or physical problems you are concerned about? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Has your child ever received psychological or psychiatric or counseling services or had a psychological evaluation before? If so, please indicate:

When?	From whom?	For what?	With what results?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Has your child ever taken medications for psychiatric or emotional problems? • No • Yes If yes, please indicate:

When?	From whom?	Which medications	For what	With what results?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Referral:** How did you hear about my services? \_\_\_\_\_

How did this person explain how I might be of help to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Chief concern**

Please describe the main difficulty that has brought you to seek help for your child:

---

---

---

**Is there anything else that is important for me to know about your child, and that you have not written about on any of these forms?** If yes, please tell me about it here or on another sheet of paper. If you will be participating in an evaluation, please indicate what information you hope the assessment will provide.

---

---

**What are you most concerned about? Of the list of issues identified on the accompanying checklist, what issues are the most urgent?**

---

---

**Is there anything that I haven't asked that you think I should know about your child? Please Provide Information** \_\_\_\_\_

---

---

**What would you most like to achieve in considering evaluation and/or treatment for your child?** \_\_\_\_\_

---

---

---

---

---

---

**Do you have any questions, or concerns that you would like me to discuss with me?** \_\_\_\_\_

---

---

**Please note: This is a confidential treatment record. Redisclosure is expressly prohibited by law.**



