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**INTAKE FORM/CHILD/ADOLESCENT**

Before you come for your appointment to our office, please complete this form. Some of the questions might be difficult to answer, but please give them a try. Try not to use words such as “average” or “normal” instead, describe the situation as it is. This form is confidential and will not be released to others without your written permission.

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Parent's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Child's Legal name \_\_\_\_\_ Nickname \_\_\_\_\_

Sex \_\_\_\_\_ Ethnicity \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

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Grade \_\_\_\_\_ School Name and Address \_\_\_\_\_

If this child has ever been known by another last name, please give that name:

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Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Who is raising the child (circle all that apply):

Biological parents \_\_\_\_\_ Parent and step parent \_\_\_\_\_ Foster Parents \_\_\_\_\_  
Single parent \_\_\_\_\_ Adoptive parents \_\_\_\_\_ Relatives \_\_\_\_\_  
Institution \_\_\_\_\_ Other (explain): \_\_\_\_\_

Describe the people the child currently lives with:

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Name of primary caregiver \_\_\_\_\_ Birthdate \_\_\_\_\_ Relation to child \_\_\_\_\_

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Address \_\_\_\_\_

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Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Ok to call Yes/No \_\_\_\_\_

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Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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Education of primary caregiver (circle highest grade): 1 2 3 4 5 6 7 8 9 10 11 12

Years of College: \_\_\_\_\_ Degree(s) attained: \_\_\_\_\_

Name of second caregiver Birthdate Relation to child

Address

Home Phone Work Phone Cell Phone Ok to call Yes No

Occupation Employer

Education (circle highest grade) 1 2 3 4 5 6 7 8 9 10 11 12

Years of College: \_\_\_\_\_ Degree(s) attained: \_\_\_\_\_

Other Children in This Child's Home:

Name Birthdate Relationship Grade/School

Marital status of biological parents (circle)

married never married living together
one parent dead custodial parent remarried separated
both parents dead divorced Other (specify): \_\_\_\_\_

Date of Marriage Date of Separations(s) Date of Divorce

Comments: \_\_\_\_\_

(please provide information on the child's natural parents if child is not living with them).

Other persons with whom this child has lived:

Name Relationship When

Name Relationship When

Name Relationship When

If the child was adopted:

Adoption agency Name: \_\_\_\_\_

Age when adopted	Date adopted	Does child know?
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Reaction of child to adoption: \_\_\_\_\_

If the child is a foster child:

Agencies involved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age when placed into foster care	Age when placed with these foster parents
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Age when placed into foster care	Age when placed with these foster parents
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Reaction of child to being in foster care: \_\_\_\_\_

Reason for foster care: \_\_\_\_\_

Physicians this child has seen (from most to least recent)

Current physician	Address	Date	Reason
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Current physician	Address	Date	Reason
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Past physician	Address	Date	Reason
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Past physician	Address	Date	Reason
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Hospitalizations

Hospital	Address	Date	Reason
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Hospital	Address	Date	Reason
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Hospital	Address	Date	Reason
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If any family member is or has seen any of the following professionals or agencies for treatment, indicate with an "X":

	This Child	Mother	Father	Sibling	Grand Parent
Physical Therapist	_____	_____	_____	_____	_____
Educational Specialist	_____	_____	_____	_____	_____
Psychiatric Hospital	_____	_____	_____	_____	_____
Mental Health Center	_____	_____	_____	_____	_____
Psychologist	_____	_____	_____	_____	_____
Psychiatrist	_____	_____	_____	_____	_____
Social Worker	_____	_____	_____	_____	_____
Marriage Counselor	_____	_____	_____	_____	_____
Pastoral Counselor	_____	_____	_____	_____	_____
Speech or Hearing	_____	_____	_____	_____	_____

Child's developmental history

Pregnancy:

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Where was baby delivered? \_\_\_\_\_ Hospital \_\_\_\_\_ City \_\_\_\_\_  
 birth weight: \_\_\_\_\_ lbs \_\_\_\_\_ oz. Birth height: \_\_\_\_\_ inches

Any drugs during Pregnancy? \_\_\_\_\_ During Delivery? \_\_\_\_\_

Problems with Labor? \_\_\_\_\_ With delivery \_\_\_\_\_

Prematurity or other complications? \_\_\_\_\_

At birth

Did baby cry immediately? Yes no explain: \_\_\_\_\_  
 Did baby need oxygen? Yes No explain: \_\_\_\_\_  
 Did baby need incubator? Yes No explain: \_\_\_\_\_

Growth and development

(record the age at which child accomplished the following)

Sat alone: \_\_\_\_\_ smiled \_\_\_\_\_ recognized you \_\_\_\_\_ crawled \_\_\_\_\_  
 stood \_\_\_\_\_ walked alone \_\_\_\_\_ said words \_\_\_\_\_ used sentences \_\_\_\_\_

at what age did you begin toilet training?

When was child finally toilet trained?

Did wetting or soiling occur once trained? \_\_\_\_\_

does child wet now? Yes No daytime? \_\_\_\_\_ nighttime? \_\_\_\_\_

does child soil now? Yes No daytime? \_\_\_\_\_ nighttime? \_\_\_\_\_

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Daycare, preschool, school

Did child attend preschool? Yes No when? \_\_\_\_\_

How did child adjust? \_\_\_\_\_

Did child attend kindergarten? Yes No When? \_\_\_\_\_

How does child adjust? \_\_\_\_\_

Does your child have school problems? Yes No

If yes, please explain: \_\_\_\_\_

Is your child taking remedial classes? Yes No

If so what subjects and grades?

Does your child have any other school-related problems? Yes No

If so, Please explain: \_\_\_\_\_

School concerns

Has this child ever abused drugs? Yes No not sure

Do you have any concerns about this child's sexual behavior? Yes No

Does your child have strong fears? Yes No

If yes, please list: \_\_\_\_\_

Has this child been subjected to any of the following and how did she or he respond?

Parent separation or divorce: yes no

Death of a family member: yes no

Hospitalization of family member yes no

Loss or death of pet yes no

Discipline

How do you discipline your child (circle all that apply):

family sets and enforces rules discussion lecture  
other physical punishment spank isolate  
denial of privileges other: \_\_\_\_\_

Who disciplines child (circle all that apply):

Mother father others: \_\_\_\_\_

Parental agreement on discipline? Yes no

If no, why not? \_\_\_\_\_

Child's reaction to discipline (circle all that apply):

pout                  cry                  tantrum                  ignore                  walk off                  talk back  
hit                  accept                  complain                  yell

Family Life

Number of family moves in child's life:

Length of residence in the present home:

Do the siblings get along?                  Yes                  no

please explain:

Tell about your other children in the household and how the child who is to be seen feels toward her or his sisters and brothers.

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Recreation

How does child spend free time?

What kind of play does the child enjoy?

What special interests, hobbies, skills or sports does the child engage in?

What type of playmates does the child prefer (circle all that apply):

Older                  younger                  own age                  all ages                  adults                  male  
female                  both genders

Is the child a loner?                  Yes                  no

How many friends does your child have?

Does child have a best friend?                  Yes                  no                  age of friend?

What are the child's strong points, assets, or abilities?

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Your current reasons for seeking help?

What are your main concerns at the present time?

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Did a specific event lead to this application?                      Yes                      no

If yes, what and when?

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How have you prepared this child for the evaluation here?

Did someone else refer you here? If so, Why?

Is there anything significant the form did not ask you which you would like to add?

Do you have any questions you would like to ask during the first meeting?

Child's SS#

Health Insurance:

Policy Number

Group Number

Employer:

Guarantor:

DOB

SS#

Permission to bill insurance: \_\_\_\_\_