

# Hamner Psychological Services

## Intake Form-Child

Please provide the following information:

Client's Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: (home): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (cell): \_\_\_\_\_

Zip Code: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Responsible party for child: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: (cell): \_\_\_\_\_ (home) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Child was Referred to our office by: \_\_\_\_\_

Name of Primary Insurance: \_\_\_\_\_

Name and Birth date of Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Secondary Insurance: \_\_\_\_\_

Name and Birth date of Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_

What are the Reasons for Referral or current Problems? (Use back if more space is needed)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Family History:**

The name of the child’s biological parents:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Who does your child currently live with?

<b>Names</b>	<b>Ages</b>	<b>Relationship to child</b>
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Who are your child’s significant others NOT living with your child?

<b>Names</b>	<b>Ages</b>	<b>Relationship to child</b>
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**Legal:** Please Check the Child’s Legal Custodian:

Parent(s)\_\_\_\_\_DHHR\_\_\_\_\_Other (please specify)\_\_\_\_\_

If divorced or separated, what type of legal custody or decision making for mental health or medical issues was ordered?:

Joint/Shared\_\_\_\_\_Mother\_\_\_\_\_Father\_\_\_\_\_Other:\_\_\_\_\_

Any Legal problems currently or in the past regarding this child or others in his or her family?\_\_\_\_\_

**Mental Health / Medical History**

Has child ever seen a mental health professional? Y\_\_\_\_N\_\_\_\_, If yes, with whom, when, where and why?\_\_\_\_\_

Has child ever been diagnosed with any formal condition or diagnosis? Y\_\_\_\_N\_\_\_\_, If yes, please describe\_\_\_\_\_

Is the child currently taking any medications? Y\_\_\_\_N\_\_\_\_, if yes, who is the prescribing physician\_\_\_\_\_

For what problem or condition, name of medication(s) and dosage?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the child taken any medications in the past that he or she is not taking now? Y\_\_\_  
No\_\_\_ If yes, who was the prescribing physician, \_\_\_\_\_  
For what problem or condition, name of medication(s) and dosage?  
\_\_\_\_\_  
\_\_\_\_\_

Has the child ever been hospitalized for a mental health problem Y\_\_\_N\_\_\_ If yes,  
when, where and why? \_\_\_\_\_  
\_\_\_\_\_

Is there any family history of mental health issues? Y\_\_\_N\_\_\_ If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

Has the child ever experienced any type of abuse (physical, sexual, or verbal) or  
neglect? Y\_\_\_N\_\_\_ If so, please describe as much or little detail as comfortable.  
\_\_\_\_\_  
\_\_\_\_\_

Has the child ever experienced any traumatic events or significant losses that has  
impacted overall level of functioning? Y\_\_\_N\_\_\_ If so, describe these events and  
indicate if the child continues to struggle with these issues currently.  
\_\_\_\_\_  
\_\_\_\_\_

Has the child ever made statements of wanting to hurt him/her self or seriously hurt  
someone else? Y\_\_\_N\_\_\_ If yes, please describe and indicate when this last  
occurred: \_\_\_\_\_  
\_\_\_\_\_

Does anyone in the child's family use currently or has (in the past) abused any type of  
drug or alcohol? Y\_\_\_N\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Does the child have any significant medical problems? Y\_\_\_N\_\_\_ If yes, please  
describe: \_\_\_\_\_  
\_\_\_\_\_

Do these medical problems impact the child's overall mental health? Y\_\_\_N\_\_\_ If  
yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

What is the name of child's medical doctor? \_\_\_\_\_

Do we have permission to contact the doctor about child's treatment? Y\_\_\_N\_\_\_

Did the child's mother smoke tobacco or use any alcohol, drugs or medications during  
the pregnancy? Y\_\_\_N\_\_\_ Unsure\_\_\_ If so, please describe \_\_\_\_\_  
\_\_\_\_\_

Did the child's mother have any problems during the pregnancy or at delivery?  
Y \_\_\_ N \_\_\_ Unsure \_\_\_ If so, Please describe them: \_\_\_\_\_

Has your child experienced any of the following medical problems?

Serious accident(s)	Hospitalization	Surgery	Asthma
Head injury	High fever	Convulsions/seizures	
Eye/ear problems	Hearing problems	Meningitis	
Loss of consciousness	Allergies	Developmental Delays	

**Please circle any signs or symptoms of any of the following behavioral or emotional problems:**

Sleep Problems	Changes in Appetite	Eating Problems	Anger Problems
Behavior Problems	Crying	Alcohol/Tobacco/Drug Issues	Shyness
Eating Problems	Depression	Social Problems	Bed wetting
Nervousness	Fears	Depression	Hurting self
Running away	Hurting animals	Hurting others	Withdrawn
Impulsivity	Poor attention span	Fire setting	Mood swings
Lying	Oppositional	Hyperactivity	Sexual issues
Sadness	Foul Language	Skipping School	

Other issues not listed so far: \_\_\_\_\_

**Education History:**

What school does your child attend: \_\_\_\_\_

Teacher: (if in elementary school: \_\_\_\_\_ Current Grade: \_\_\_\_\_

What does your child's teacher(s) say about him/her? What is the usual GPA?

Has your child ever repeated a grade? Y \_\_\_ N \_\_\_ If so, which one(s) \_\_\_\_\_

Has your child ever received special education services? Y \_\_\_ N \_\_\_ If so, what type?  
\_\_\_\_\_

Has your child experienced any of the following problems at school?

Lack of friends	drug/alcohol	detention	bullying/fighting
Suspension(s)	poor attendance	poor grades	incomplete homework

Behavior problems (please list): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Interests/Hobbies:**

What are your child's interests or hobbies that he or she enjoys?

Does the child participate in any group or social activities? (le...sports, youth groups, 4-H). If yes, please describe:

**Behavioral/Emotional Concerns:**

What are some of the behavioral or emotional problems occurring or what does he/she do that gets him/her in trouble or causes concern? Please list all the issues you can think of in order of concern starting with the most concerning issues first to be addressed by therapist.

Presenting Issues

Length of time these problems been going on?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

If there are more concerns, please continue list on back.

**Other Concerns:**

What are some of the things that are currently stressful to your child and his/her family? (Significant changes recently or coming up or stressors impacting the child and/or family)

Do you have any other concerns about your child or child's family that you have not mentioned yet? Y\_\_\_\_N\_\_\_\_. If so, please describe.

Client information provided by:\_\_\_\_\_

Relationship:\_\_\_\_\_