

Maggie Gibson, PhD Intake Form

Client: _____ Today's Date: _____
 Date of Birth: _____ Child's Age: _____
 Grade: _____ Child's Age: _____
 School: _____ Parents: _____
 Person Completing Form: _____

I. PRESENTING PROBLEM:

II. FAMILY HISTORY:

A. Family Composition

Relationship	Name	Age	Education	Employment

B. Marital History (give number/length of marriages, divorce-reason, present marital status)

III. CLIENT'S DEVELOPMENTAL/HEALTH HISTORY

A. Mother's pregnancy, labor and delivery history:

- | | | | |
|---|-------------------------------------|--|---|
| <input type="checkbox"/> Adopted | <input type="checkbox"/> Planned | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Morning sickness |
| <input type="checkbox"/> Excess weight gain | <input type="checkbox"/> Cigarettes | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Prescribed medications |
| <input type="checkbox"/> Other drugs | <input type="checkbox"/> Toxemia | <input type="checkbox"/> Eclampsia | <input type="checkbox"/> Vaginal bleeding |
| <input type="checkbox"/> Edema | <input type="checkbox"/> Infections | <input type="checkbox"/> Bed rest | <input type="checkbox"/> Hospitalizations |

COMMENTS _____

Labor:

- | | | | |
|------------------------------------|------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Full term | <input type="checkbox"/> Premature | <input type="checkbox"/> Induced | <input type="checkbox"/> Medication |
|------------------------------------|------------------------------------|----------------------------------|-------------------------------------|

List: _____

Maggie Gibson, PhD Intake Form

Delivery:

Vaginal

Cesarean Explain: _____

Forceps

COMMENTS _____

B. Child's birthweight: _____

C. Birth Complications/Treatment: _____

D. Place of Birth: _____

IV. DEVELOPMENTAL HISTORY:

A. Milestones/ages attained:

Turned over: _____

Sat alone: _____

Crawled: _____

Walked assisted: _____

Walked alone: _____

First Sounds: _____

First words: _____

Simple sentences: _____

Bladder trained: _____

Bowel trained: _____

COMMENTS _____

B. Developmental delays: _____

V. CHILDHOOD DIFFICULTIES (when, how often, last episode and treatment)

A. Enuresis: _____

B. Encopresis: _____

C. Eating Patterns: _____

Breast fed: _____ How long? _____ Formula/type: _____

Age weaned: _____

Past appetite: _____

Present appetite: _____

COMMENTS _____

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D. Sleeping Patterns (Nightmares, sleepwalking, difficulty going to sleep, insomnia, etc.)

VI. MEDICAL HISTORY – Ages, treatment, last occurrence

A. Illnesses (esp. fevers, ear infections, seizures, etc.)

B. Accidental Injuries – Age, injury, how, medical treatment – where and by whom:

C. Hospitalizations - age, why, where and length of stay:

D. Medications (age, type, dosage, when prescribed and discontinued)

1. Past: _____

2. Present: _____

3. Effectiveness of medications prescribed for behavioral/emotional issues:

Maggie Gibson, PhD Intake Form

E. Physicians (Pediatricians, Family Practitioner, Neurologist, etc, date of last visit):

F. Speech/Language, hearing, vision screening and/or evaluations (include dates, where, results, treatment and/or recommendations):

G. Family Physical, Mental Health History:

H. Other Community Agencies Involved: (i.e. CMS, TPF, DCF, DS, UCP, etc.) Give dates, services received and outcome):

VII. EDUCATIONAL HISTORY – List all schools and grades attended, academic difficulties, retentions, suspensions, absences, special classes and results, behavioral difficulties:

Maggie Gibson, PhD Intake Form

A. Previous psychological evaluations (give testing/therapy dates, by whom, results and recommendations):

B. Previous tutoring, counseling, or therapy (give dates, with whom and recommendations):

VIII. QUALITY AND NATURE OF RELATIONSHIPS:

Mother: _____

Father: _____

Peers: _____

Siblings: _____

Significant Others (parent boyfriend/girlfriend, grandparents, family friends, etc.):

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IX. ACTIVITIES:

A. Client's interests/Play Activities (Formal and Informal):

B. Family Activities:

X. BEHAVIOR AND MANAGEMENT TECHNIQUES:

A. Discipline (Identify primary disciplinarian, typical methods, effectiveness)

B. Specific Behavior Problems:

- Easily distracted _____
- Overly active _____
- Daydreams _____
- Demanding _____
- Easily frustrated _____
- Quick to Anger _____
- Fighting _____
- Truancy _____
- Suspensions _____
- Vocal noise _____
- Body tics, twitches _____
- Set fires _____
- Fears/Phobias _____
- Cruelty to animals _____
- Cruelty to animals _____
- Substance use/abuse _____
- Describe child's personality: _____

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XI. **INCIDENCE OF NEGLECT, PHYSICAL OR SEXUAL ABUSE (when, what happened, by whom, reported/unreported, outcome):**

XII. **OTHER COMMENTS:**

XIII. **WHAT WOULD YOU LIKE TO SEE HAPPEN AS A RESULT OF THIS EVALUATION?**
