

# Maggie Gibson, PhD Intake Form

Client: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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:**

Adopted

Planned

High blood pressure

Morning sickness

Excess weight gain

Cigarettes

Alcohol

Prescribed medications

Other drugs

Toxemia

Eclampsia

Vaginal bleeding

Edema

Infections

Bed rest

Hospitalizations

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

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Labor:

Full term

Premature

Induced

Medication

List: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

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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: \_\_\_\_\_

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: \_\_\_\_\_

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

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

1. Past: \_\_\_\_\_

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

2. Present: \_\_\_\_\_

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

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

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

**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:**

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



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

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## VIII. QUALITY AND NATURE OF RELATIONSHIPS:

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

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

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Siblings: \_\_\_\_\_

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Peers: \_\_\_\_\_

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

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## IX. ACTIVITIES:

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

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B. Family Activities: \_\_\_\_\_

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**X. BEHAVIOR AND MANAGEMENT TECHNIQUES:**

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

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**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	-----
Judicial involvement	-----
Substance use/abuse	-----

**C. Describe child's personality:** \_\_\_\_\_

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

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XII. OTHER COMMENTS:

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

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