

Legacy Psychological Services, LLC

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Youth Intake Form

We want to help you as much and as quickly as we can. Please take a moment to print out and complete this information about your child.

Child's name: _____ Today's Date _____
Birth date: _____ Age: _____ Sex (circle one): Male Female
Home Address: _____ Phone: _____
School: _____ Grade _____
Form Completed by: _____ Relationship to child: _____
Indicate if child was adopted (circle one): No Yes If yes, please explain _____

Mother's name: _____ Age: _____
Education: _____ Occupation: _____
Phone: Home: _____ Cell _____ Work: _____

Father's name: _____ Age: _____
Education: _____ Occupation: _____
Phone: Home: _____ Cell _____ Work: _____

Step-parent's name: _____ Age: _____
Education: _____ Occupation: _____
Phone: Home: _____ Cell _____ Work: _____

Current marital status of parents: _____

If parents are separated or divorced, how old was the child when the separation occurred? _____

List all people in household:

<u>Name</u>	<u>Relationship to Child</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any brothers or sisters living outside the home, list their names and ages: _____

Presenting Problem

1. Briefly describe your child's current difficulties: _____

2. How long has this been a problem? _____

Name _____

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3. What seems to help the problem? _____
4. What seems to make the problem worse? _____
5. What have you tried to correct the problem? _____

6. When does the problem occurs most frequently? _____
7. What do think might be the cause of this problem? _____

8. Did anything happen that affected the family shortly before your child's behavior problem occurred?
9. No Yes, Please specify:

Death _____
Job Change _____
Divorce, separation _____
Birth or adoption _____
Other _____

10. Does the child drink alcohol? No Yes, explain how much and at what age: _____
11. Are you concerned that your child has a problem with drugs? No Yes, explain: _____
12. Is your child suicidal or engage in self-injurious behaviors (i.e. cutting)? No Yes, explain: _____
13. Who referred you here? _____

Medical History

1. The child's present state of health is: Good Fair Poor
2. Does s/he currently have any medical problems? Yes No

List any major illness and/or surgeries of child and state the ages at the time

- a. _____
b. _____
c. _____
d. _____

3. Do you have a family physician? Yes No

Name of family physician: _____

Address: _____

Phone: _____ Fax: _____

4. When was s/he last treated by a physician? Date: _____
If treated by a physician or clinic different from the one named above, please give name and address:

5. When did s/he receive his/her last physical? Date: _____

6. Please list all medication the child is taking- prescribed or over the counter:

<u>Medication</u>	<u>Purpose</u>	<u>Dosage</u>	<u>Taken Regularly?</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name _____

7. Does the child have any allergies? Yes No

If yes, please name the drug(s), food(s), or other substance(s) to which s/he is allergic?

Early Development

1. Did the child meet developmental milestones at appropriate ages? Yes No

If no, please explain: _____

2. During pregnancy, was the mother on medication? Yes No If yes, what kind? _____

3. During pregnancy, did the mother smoke, drink alcohol, or use drugs? Yes No If yes, please explain how much: _____

4. Was the child premature? Yes No If yes, by how many weeks? _____

5. Did the mother have any difficulties with the pregnancy, labor, or delivery of this child?

No Don't know, please explain. Yes, please specify

6. Did the child have any problems at birth?

No Don't know, please explain. Yes, please specify

Educational, Social, and Family History

1. What daytime child care arrangements did you have before the child started preschool or kindergarten?

Mother Father Babysitter Daycare Other _____

2. Did this child attend preschool? No Yes, where? _____

3. How many different schools has this child attended since beginning kindergarten? _____

4. What kind of grades does/did s/he make in school? Excellent Good Fair Poor Failing

5. Has this child ever repeated a grade? No Yes, please explain: _____

6. Has the child ever been suspended and/or expelled from school? No Yes, please explain: _____

7. Has the child ever had specialized testing at school? No Yes, please explain: _____

8. How would you describe the child's school attendance? Good Fair Poor

9. Does this child have learning or behavior problems in school? No Yes, please explain: _____

10. How well does this child get along with other children?

Very Well Satisfactorily Not very well Poorly

11. Does the child participate in school activities?

No Yes, some. Please specify. Yes, many. Please specify.

Name _____

12. Circle those characteristics which describe your child's attitude toward those in authority (teachers, parents, etc.).

- | | | | |
|-------------|------------|---------------------------------|---------------|
| Cooperative | Submissive | Excessive demands for attention | Respectful |
| Defiant | Shy | Overly anxious to please | Uncooperative |
| Fearful | Assertive | Other: _____ | |

13. Are most of this child's close friends: The same age Older Younger

14. Are most of this child's close friends: The same sex Opposite sex Both sexes

15. What does this child do well? _____

16. Does this child have interests or hobbies s/he enjoys? No Yes, please specify: _____

17. What is your religious affiliation? _____

How often do you attend religious services? _____

18. Does your family regularly engage in family activities? No Yes, please describe: _____

19. In general, would you say life in your present family is:

- | | | | | |
|-----------|------|------|------|-----|
| Excellent | Good | Fair | Poor | Bad |
|-----------|------|------|------|-----|

20. Please indicate with whom this child has lived most of her/his life and indicate how well s/he gets along with these people:

	Good	Fair	Poor
Natural Mother _____	_____	_____	_____
Natural Father _____	_____	_____	_____
Stepmother _____	_____	_____	_____
Stepfather _____	_____	_____	_____
Adoptive parents _____	_____	_____	_____
Foster parents _____	_____	_____	_____
Brothers (list) _____	_____	_____	_____
_____	_____	_____	_____
Sisters (list) _____	_____	_____	_____
_____	_____	_____	_____
Sisters (cont) _____	_____	_____	_____
Other relatives (who?) _____	_____	_____	_____
_____	_____	_____	_____
Institution (where?) _____	_____	_____	_____

21. Circle any of the following which describe your relationship with your current spouse:

- | | | | | |
|--------------|-------------|-------------|---------------|------------|
| Stormy | Indifferent | Unrewarding | Disappointing | Harmonious |
| Impossible | Happy | Mistake | Understanding | Devoted |
| Hopeless | Wholesome | Insecure | Average | Secure |
| Other: _____ | | | | |

22. How do you usually punish your child(ren) [circle as many as apply]

- | | | | |
|--------------|-----------|------------------------|-----------------------|
| Spanking | Time outs | Withholding privileges | Assigning work duties |
| Other: _____ | | | |

23. How does your child respond to encouragement and rewards? _____

24. How does your spouse/partner usually punish your child(ren) [circle as many as apply]

Spanking Time outs Withholding privileges Assigning work duties

Other: _____

25. Is getting away from your child(ren) (ie. having time for yourself) a problem for you? Yes No

26. Does this child have a strong fear about any of the following? No known fears

Being left alone Being in crowds The dark Closed-in places High places

Animals or insects Bodily harm Death Thunder & Lightening Strangers

Other _____

27. Circle any of the following which apply to your child:

- | | | | | |
|-----------|---------------|--------------------------|----------------|-------------------------|
| Lonely | Obedient | Clumsy | Dependable | Destructive of property |
| Energetic | Fire Setting | Sleep Walking | Cries easily | Acts too young for age |
| Friendly | Artistic | Cruel to animals | Overactive | Acts too old for age |
| Rigid | Compulsive | Feelings easily hurt | Impulsive | Intelligent |
| Clinging | Daydreaming | Easily influenced | Stubborn | Sleep problems |
| Messy | Often sad | Sense of humor | Bedwetting | Nail-biting |
| Steals | Irresponsible | Tells lies | Self-confident | Considerate |
| Shy | Loving | Fights constantly | Jealous | Likes to be alone |
| Lazy | Nervous | Nightmares | Unsure of self | Temper tantrums |
| | Independent | Many physical complaints | | Short attention span |

28. Has the family or child had any prior contact with a mental health professional? No Yes

If yes, please specify which family member and whom did s/he see? _____

29. Have you, your child, or any other family members had trouble with the police? No Yes

If yes, please specify family member(s) and indicate kind of trouble: _____

30. What are the stresses affecting the stability of this child's family life? _____

31. What are the sources of income that support the child's primary family? _____

32. Please state here any information you feel may be important (include how you think this child could be helped- i.e. counseling with parents and/or teacher, psychological testing, medications, individual therapy, etc.): _____