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Intake Form: Child/Adolescent/Teen

Chief Concern:

What is the main problem (concern) for which you are seeking mental health services for your child?

Child Developmental History Record

A. Identifications

1. Child's name: _____ Birthdate: _____ Age: _____

Person(s) completing this form: _____ Today's date: _____

2. Mother's name: _____ Birthdate: _____ Phone: _____

Address: _____

Currently employed: No Yes, as: _____ Work phone: _____

3. Father's name: _____ Birthdate: _____ Phone: _____

Address: _____

Currently employed: No Yes, as: _____ Work phone: _____

4. Parents are currently:

Married Divorced Remarried Never married Other: _____

Child's custodian/guardian is: _____

5. Stepparent's name: _____ Birthdate: _____ Home phone: _____

Address: _____

Currently employed: No Yes, as: _____ Work phone: _____

6. Other adult family members? _____

B. Development

Please fill in any information you have on the areas listed below.

1. Pregnancy and delivery

Prenatal medical illnesses and health care:

Was the child premature? No Yes.

Weight and height at birth: _____ pounds _____ inches

Any birth complications or problems? _____

2. The first few months of life:

Breast-fed? If so, for how long?

Any allergies?

Sleep patterns or problems:

Personality:

3. Milestones: At what age did this child do each of these?

Sat without support: _____

Tied shoelaces: _____

Didn't soil his or her pants: _____

Crawled: _____

Buttoned buttons: _____

Stayed dry all night: _____

Walked without holding on: _____

Ate with a fork: _____

Helped when being dressed: _____

Stayed dry all day: _____

4. Speech/language development:

Age when child said first word understandable to a stranger: _____

Age when child said first sentence understandable to a stranger: _____

Any speech, hearing, or language difficulties? _____

C. Health

List all childhood illnesses, hospitalizations, medications, allergies, head injuries, important accidents and injuries, surgeries, periods of loss of consciousness, convulsions/seizures, and other medical conditions.

Condition	Age	Treated by whom?	Consequences?

D. Residences

1. Homes in which child has lived (complete grid)

Dates (From → To)	Location	With whom	Reason for moving	Any problems?

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2. Residential placements, institutional placements, or foster care (complete grid)

Dates (From→ to)	Program name or location	Reason for placement	Problems?

E. Schools

School (name, district)- List current school first.	Grades attended	Age	Problems at this school?

F. Special skills or talents of child

List hobbies, sports; recreational, musical, TV, video games, and toy preferences; etc.:

G. Other

Is there anything else I should know that doesn't appear on this or other forms, but that is or might be important?

Child Checklist of Characteristics

Please mark all the items that apply to your child. Feel free to add any others at the end under "Any other characteristics."

- | | | |
|---|---|--|
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Cruel to animals | <input type="checkbox"/> Cries easily, feelings are easily hurt |
| <input type="checkbox"/> Argues, "talks back," smart-alecky, defiant | <input type="checkbox"/> Concern for others | <input type="checkbox"/> Dawdles, procrastinates, wastes time |
| <input type="checkbox"/> Bullies/intimidates, teases, inflicts pain on others, is bossy to others, picks on, provokes | <input type="checkbox"/> Conflicts with parents over rule breaking, money, chores, homework, grades, choices in music/clothes/hair/ friends | <input type="checkbox"/> Difficulties with parent's paramour/new marriage/new family |
| <input type="checkbox"/> Cheats | <input type="checkbox"/> Complains | |

- Dependent, immature
- Developmental delays
- Disrupts family activities
- Disobedient, uncooperative, refuses, noncompliant, doesn't follow rules
- Distractible, inattentive, poor concentration, daydreams, slow to respond
- Dropping out of school
- Drug or alcohol use
- Eating—poor manners, refuses, appetite increase or decrease, odd combinations, overeats
- Exercise problems
- Extracurricular activities interfere with academics
- Failure in school
- Fearful
- Fighting, hitting, violent, aggressive, hostile, threatens, destructive
- Fire setting
- Friendly, outgoing, social
- Hypochondriac, always complains of feeling sick
- Immature, "clowns around," has only younger playmates
- Imaginary playmates, fantasy
- Independent
- Interrupts, talks out, yells
- Lacks organization, unprepared
- Lacks respect for authority, insults, dares, provokes, manipulates
- Learning disability
- Legal difficulties—truancy, loitering, panhandling, drinking, vandalism, stealing, fighting, drug sales
- Likes to be alone, withdraws, isolates
- Lying
- Low frustration tolerance, irritability
- Mental retardation/IDD
- Moody
- Mute, refuses to speak
- Nail biting
- Nervous
- Nightmares
- Need for high degree of supervision at home over play/chores/schedule
- Obedient
- Obesity
- Overactive, restless, hyperactive, out-of-seat behaviors, restlessness, fidgety, noisiness
- Oppositional, resists, refuses, does not comply, negativism
- Prejudiced, bigoted, insulting, name calling, intolerant
- Pouts
- Recent move, new school, loss of friends
- Relationships with brothers/sisters or friends/peers are poor—competition, fights, teasing/provoking, assaults
- Responsible
- Rocking or other repetitive movements
- Runs away
- Sad, unhappy
- Self-harming behaviors—biting or hitting self, head banging, scratching self
- Speech difficulties
- Sexual—sexual preoccupation, public masturbation, inappropriate sexual behaviors
- Shy, timid
- Stubborn
- Suicide talk or attempt
- Swearing, blasphemes, bathroom language, foul language
- Temper tantrums, rages
- Thumb sucking, finger sucking, hair chewing
- Tics—involuntary rapid movements, noises, or word productions
- Teased, picked on, victimized, bullied
- Truant, school avoiding
- Underactive, slow-moving or slow-responding, lethargic
- Uncoordinated, accident-prone
- Wetting or soiling the bed or clothes
- Aggression, violence
- Anger, hostility, arguing, irritability
- Anxiety, nervousness
- Attention, concentration, distractibility
- Compulsions -- rituals (checking windows, checking doors, repeated handwashing)
- Depression, low mood, sadness, crying
- Drug use—prescription medications, over-the-counter medications, street drugs
- Eating problems—overeating, undereating, appetite, vomiting (see also "Weight and diet issues")
- Fatigue, tiredness, low energy
- Fears, phobias
- Friendships
- Grieving, mourning, deaths, losses, divorce
- Guilt
- Headaches, other kinds of pains
- Housework/chores—quality, schedules, sharing duties
- Impulsiveness, loss of control,

- | | | |
|---|---|---|
| outbursts | <input type="checkbox"/> Pain, chronic | <input type="checkbox"/> Suspiciousness, distrust |
| <input type="checkbox"/> Irresponsibility | <input type="checkbox"/> Panic or anxiety attacks | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Risk taking | <input type="checkbox"/> Perfectionism | <input type="checkbox"/> Temper problems, self-control, low frustration tolerance |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Pessimism (negative thinking) | <input type="checkbox"/> Thought disorganization and confusion |
| <input type="checkbox"/> Memory problems | <input type="checkbox"/> Procrastination, work inhibitions, laziness | <input type="checkbox"/> Threats, violence |
| <input type="checkbox"/> Menstrual problems, PMS, menopause | <input type="checkbox"/> Relationship problems (with friends, with relatives, or at work) | <input type="checkbox"/> Weight and diet issues |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Withdrawal, isolating |
| <input type="checkbox"/> Motivation, laziness | <input type="checkbox"/> Shyness, oversensitivity to criticism | Any other characteristics: |
| <input type="checkbox"/> Nervousness, tension | <input type="checkbox"/> Sleep problems—too much, too little, insomnia, nightmares | _____ |
| <input type="checkbox"/> Obsessions, compulsions (thoughts or actions that repeat themselves) | <input type="checkbox"/> Smoking and tobacco use | _____ |
| <input type="checkbox"/> Oversensitivity to rejection | | _____ |

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**Limits of the Therapy Relationship: What Clients Should Know**

Psychotherapy is a professional service I can provide to your child. Because of the nature of therapy, our relationship must be different from most relationships. It may differ in how long it lasts, in the topics we discuss, the therapeutic play activities or in the goals of our relationship. It must also be limited to the relationship of therapist, client and parent/guardian only. If we were to interact in any other ways, we would then have a "dual relationship," which would not be right and may not be legal. The different therapy professions have rules against such relationships to protect us both.

I want to explain why having a dual relationship is not a good idea. Dual relationships can set up conflicts between my own (the therapist's) interests and your child's (the client's) best interests, and then your child's interests might not be put first. In order to offer all my client's the best care, my judgment needs to be unselfish and professional.

Because I am your child's therapist, dual relationships like these are improper:

- I cannot be your child's supervisor, teacher, or evaluator.
- I cannot be a therapist to my own relatives, friends (or the relatives of friends), people I know socially, or business contacts.
- I cannot provide therapy to people I used to know socially, or to former business contacts.
- I cannot have any other kind of business relationship with your child besides the therapy itself. For example, I cannot employ you, lend to or borrow from you, or trade or barter your services (things like tutoring, repairing, child care, etc.) or goods for therapy.
- I cannot give legal, medical, financial, or any other type of professional advice.
- I cannot have any kind of romantic or sexual relationship with a former or current client, or any other people close to a client.

A therapist's responses to your child's situation are based on tested theories and methods of change. You should also know that therapists are required to keep the identity of their clients secret. Therefore, I may not acknowledge you when we meet in a public place, and I must decline to attend your family's gatherings if you invite me. Lastly, when therapy is completed, I will not be able to be a friend to you or your child.

In sum, my duty as therapist is to care for your child and my other clients, but only in the professional role of therapist.

**My signature acknowledges that I understand the limits of the therapy relationship and agree to abide by those limitations.**

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name