

Child / Adolescent - Intake Questionnaire

Please fill out this form completely. The information you provide is confidential and protected by law.

Demographic Information

Child's / Client's Name: _____ Date of Birth: _____ Age: _____

Gender: Male Female

Racial/Ethnic Background: American Indian / Alaska Native Hispanic or Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White Other: _____

Completed By: _____ Relationship to Child: _____

Today's Date: _____ Best Contact Number / E-mail Address: _____

Who Referred you to B.R.A.I.N.S.? _____

Primary Care Physician: _____ Date of Last Physical: _____

What Questions do You Hope Will be Answered? (Be as Specific as Possible)

What Concerns Bring You Here?

Behavior Problems:

Self Injurious Behavior	Lying / Stealing	Alcohol / Drug Use
Physical Aggression	Refusal to Attend School	Other Behavior of Concern:
Verbal Aggression	Sexual Addiction	

Emotional Distress:

Depression / Sadness	Anxiety	Suicidal
Anger	Psychotic-Like Symptoms	Homicidal
Moodiness		Other:

Functional Problems:

Poor Hygiene	Academic Problems / Concerns	Sensory Integration / Motor Processing
Problems With Mobility	Learning Disability	Inadequate Energy
Problems With Speech	Social Relationships	Memory Problems
Recognition of Danger	Sleep Problem	Physical Pain / Injury
Money Management	Appetite Problem	Cognitive Problems

Developmental History

Adopted: No Yes, What Age: _____

Mother's Age at Time of the Child's Birth: _____

What Were the Complications or Concerns During Pregnancy for the Mother?

Gestational Diabetes	Anemia	Preeclampsia	None
Sexually Transmitted Disease	Heart Disease	Physical Trauma	Placenta Pervia
Toxemia	Depression	Nicotine / Smoking	Prenatal Alcohol Exposure

Prenatal Drug Exposure - Specify

Other:

Was medication used to stop pre-term labor? No Yes, please describe:

Was bedrest required? No Yes, (please note time frame and reason):

Was labor induced? No Yes, please describe the reason:

Length of Pregnancy? Full Term Premature -- born at how many weeks:

Mode of Delivery: Vaginal Cesarean Emergency Cesarean **Birth Weight:** **APGAR:**

Multiple Birth Pregnancy: Twin Triplets Quadruplets Other:

Were there any concerns or complications during / immediately following delivery?

Baby's heart rate dropped Cord wrapped around neck / nuchal cord Breech
Low APGAR scores Significant jaundice (bilirubin) Born "blue"

Treatment in the NICU - details:

Bonding / Temperament as an infant: Easy Difficult Cuddly Withdrawn Clingy

Other:

Activity level as an infant: Average On-the-go Lethargic Accident prone

Apprehension with strangers: Mild Moderate Severe None

Emotionally oversensitive / over-reactive as an infant: No Yes

Does this continue to be a problem? No Yes

Developmental Milestone (Check all that have been recognized throughout the child's development):

This information is beneficial as we formulate the Psychological/Neuropsychological evaluations, please answer to the best of your ability.

Check if all normal

2-4 Weeks

Can sleep for 3 or 4 hours at a time On stomach, lifts head momentarily When crying, can be consoled most
Responds to parent face / voice Can stay awake for > 1hour of the time, by being spoken to or held

2 Months

Coos / Vocalizes Lifts head, neck, and upper chest
Smiles responsively w/ support of forearms from stomach

9 Months

Responds to name Crawls, creeps, or scoots Pokes with fingers, shakes, bangs,
Understands a few words Sits unsupported throws, drops, objects
Babbles Plays peek-a-boo or pat-a-cake Feeds self with fingers

12 Months

Pulls to stand and may take a few steps alone Says 2-4 words, imitate vocalizations Waves "bye-bye"
Drinks from cup Looks for dropped or hidden objects Feeds self

18 Months

Walks backwards Uses two-word phrases Follows simple directions
Throws ball Uses a spoon and cup Points to some body parts
Scribbles Shows affection, kisses Pulls a toy along the ground

24 Months

Goes up and down stairs one step at a time Stacks five blocks Follows two-step commands
Kicks ball Uses at least 20 words, two-word phrases Imitates adults

5 Years

Dresses self without help Can count on fingers Recognizes most letters and print some
Learn address / phone number Copies basic shapes

11-21 Years

Sexual development and behaviors

Peer relationships

Social / Emotional reciprocity

Worry about grades

Toilet Trained: Yes No (check all that apply): Daytime wetting Nighttime wetting Bowel incontinence

Puberty: No Yes, started at age: If female, age of first menstruation:

Cares for self: Yes No With help:

Medical History**Major Surgery (attach additional information / list if needed)*******Include eye surgeries or tubes*****

Procedure:

Procedure:

Age:

Age:

No Complications

No Complications

Complications:

Complications:

Medical Hospitalization (attach additional information / list if needed):

Cause:

Cause:

Dates / Age:

Dates / Age:

Medical Diagnosis:***Please use additional space on last page if more room is needed**

1:	3:	5:
2:	4:	6:

Has the child ever experienced the following? If yes, please elaborate below.

Genetic Conditions:

Head Injury:

Concussion:

Loss of Consciousness:

Seizures, if so type: Partial Partial Complex Generalized Paroxysms Age began: Frequency:

Tics, Please describe:

Thyroid or endocrine problems:

High sustained fevers:

Chronic sinus infections

Chronic allergies

Diabetes / blood sugar problems

Meningitis, encephalitis

Ashtma

Bronchitis

Pneumonia

Upper respiratory problems

Other medical / congenital conditions:

Hearing: No problems Conductive impairment Sensori-neural impairment Hearing devices**Vision:** No problems Nearsighted Farsighted Glasses Contacts Blind

Other:

Current Sleep

Duration in hours: Requires naps Mid-night awakening Early awakening

Nightmares, if so frequency: per week Content:

Other:

Appetite

No problems Obsessed with Food Increased appetite or Decreased appetite - since:

Weight gain or Loss: amount in pounds: Since:

Sensory Concerns: Touch Texture Sound Light Taste Smell Pressure

Clumsy Toe Walking

Handedness: Right Left

Immunization Record

<u>Vaccine</u>	<u>Age Administered</u>	<u>Side Effects (Negative Reactions)</u>
Diphtheria, Tetanus, Pertussis:		
Haemophilus influenza type b:		
Hepatitis a:		
Hepatitis b:		
Inactivated Poliovirus:		
Influenza:		
Measles, Mumps, Rubella:		
Meningococcal:		
Pneumococcal:		
Rotavirus:		
Varicella:		
Other:		
Other:		

Please list currently prescribed medications

<u>Medication</u>	<u>Dose</u>	<u>Frequency</u>	<u>Prescribing Physician</u>
1:			
2:			
3:			
4:			
5:			

Past medications that have produced a negative reaction / ineffective medications.

<u>Medication</u>	<u>Reason for Discontinuation</u>
1:	
2:	
3:	
4:	
5:	

Psychiatric History

Psychiatric Hospitalization

Reason:	Reason:
Dates:	Dates:
Age:	Age:

Has the child been diagnosed previously with any type of developmental diagnosis? (Please check applicable diagnosis(es))

ADHD ADD

When and who made the diagnosis?

Autistic Spectrum Disorder: Autism Asperger's Syndrome PDD.NOS

When and who made the diagnosis?

Cognitive Impairment: Mild Moderate Severe Mental Retardation

When and who made the diagnosis?

Receptive/ Expressive/ Mixed Speech Delay

When and who made the diagnosis?

Learning Disability

When and who made the diagnosis?

Other / Psychiatric Diagnosis

When and who made the diagnosis?

Discipline

Physical: Spanking Other:
Non-physical: Time outs Yelling/screaming Taking things away Praise
Other:

Child's response to discipline:

Current health professional(s): Yes No

Name of professional

Time Frame / Dates of Treatment

Psychologist(s):

Social Worker:

Psychiatrist(s):

Neurologist(s):

Other:

Substance Abuse

No known history of any alcohol or drug use

Please indicate any substance used currently or in the past by the child:

Current

Past

Alcohol

Marijuana

Ecstasy

Huffing (gas, aerosol, etc.)

Prescription Drug Use - Specify:

Other:

Has the child / adolescent ever attended a substance abuse treatment program? Yes No

Family

Current Living Situation

Biological parents (married or cohabitating)

Biological parents (divorced / separated)

Custody Arrangement:

Biological mother and stepfather

Custody Arrangement:

Biological father and stepmother

Custody Arrangement:

Foster Child Since:

Other:

Persons living in the primary physical custody home (Including yourself):

Name

Age

Nature of Relationship to Patient

Quality of Relationship

Good Fair Poor

Good Fair Poor

Good Fair Poor

Good Fair Poor

Good Fair Poor

Good Fair Poor

Good Fair Poor

Good Fair Poor

Other important person's in the patient's life:

Name

Age

Nature of Relationship to Patient

Quality of Relationship

Good Fair Poor

Good Fair Poor

Good Fair Poor

Paternal (Biological Father's) Family History - including siblings:

ADHD, ADD, impulsivity

Learning Disorder, learning problems

Autistic Spectrum Disorder

Depression

Anxiety, panic attacks

Bipolar Disorder ("Manic-depression")

Alcohol/drug abuse	Cardiopulmonary difficulties	Schizophrenia/Other psychotic/delusional disorders
Specific Genetic Problems:	Specific Neurological Disorder:	
Other:		

Biological Father's Diagnosis:

Paternal (Biological Mother's) Family History - including siblings:

ADHD, ADD, impulsivity	Learning Disorder, learning problems	Autistic Spectrum Disorder
Depression	Anxiety, panic attacks	Bipolar Disorder ("Manic-depression)
Alcohol/drug abuse	Cardiopulmonary difficulties	Schizophrenia/Other psychotic/delusional disorders
Specific Genetic Problems:	Specific Neurological Disorder:	
Other:		

Biological Mother's Diagnosis:

Significant Trauma (Include age at time of incident, nature of trauma, and any legal details)

Injured in an accident:

Physical abuse (child was the	victim	perpetrator):
Sexual assault/abuse (child was the	victim	perpetrator):
Emotional abuse (child was the	victim	perpetrator):

Neglect:

Losses/Separations (deaths, moves, etc):

Social Relationships & Strengths

What words best describe the child?

Friendly	Withdrawn	Shy
Popular	Socially awkward	Few friends
Leader	Socially clueless	No friends
Used to have more friends	Interested in friends	Not interested in friends

How do they adjust to social demands (e.g., group activities, sharing, playing with other children, etc.)?

Extra curricular activities/religious participation:

What are the child's greatest strengths/attributes?

Hobbies/Interests

Recent Change in Frequency

Increased	Decreased	No Change
Increased	Decreased	No Change
Increased	Decreased	No Change
Increased	Decreased	No Change

Legal

Please detail any contacts the child has had with the courts, police, etc:

Academic

Current school:

Current grade:

Started school at age:

Participated in: PPI Young Fives Developmental Kindergarten Early Childhood Development Delay

Has the child utilized special education support services? No Yes

Please specify all classifications that have been used, and ***check current classification(s)***.

Cognitively Impaired	Emotionally Impaired	Hearing Impaired	Visually Impaired
Other Health Impairment	Severe Multiple Impairment	Speech and Language Impairment	
Gifted and Talented	Learning Disabled:		

Academic Performance:

Consistently above average (A's, B's)	Consistently average (B's, C's)		
Consistently below average (C's, D's)	Consistently below average to failing (D's, F's)		
Previously strong grades, recent deterioration	Previously weak grades, recent improvement		
Dropped out of school (at age: , grade:)			
Graduated from high school	Obtained GED	Regular diploma	Special education certificate

Was child ever:

Held back - What grades?

Suspended - For what and for how long?

Expelled - From what grade and why?

Home-schooled - When and why?

Additional information you would like to let the clinician know: