

The Retreat at Ponte Vedra Beach
CHILD AND ADOLESCENT INTAKE QUESTIONNAIRE - PARENT FORM

Physician Name _____
Address _____
Phone # () _____ - _____ Fax # () _____ - _____

CHILD'S NAME (First Middle Last) _____
Birthdate _____
Current Age _____
Address _____
Phone Numbers ____ Home 1 _____ Home 2 _____
Mother's Cell _____ Father's Cell _____
CURRENT SCHOOL _____ Grade _____
Address _____
Phone Number _____
Main Teacher _____ Principal _____
Type of Class (Regular, EH, ED, Resource, GATE, etc.) _____

Placement Status (504, IEP, AB, Etc.) _____

FAMILY INFORMATION

FATHER'S NAME _____ AGE _____ Highest Degree Attained in School _____
Biological () Adoptive () Step () Foster () Current
Occupation _____ Address and Phone Number, if different from child's _____

MOTHERS NAME _____ AGE _____ Highest Degree Attained in School _____
Biological () Adoptive () Step () Foster () Current
Occupation _____ Address and Phone Number, if different from child's _____

OTHER CHILDREN IN THE HOME AGE GRADE

OTHERS LIVING IN THE HOME AGE RELATIONSHIP TO YOUR CHILD

PARENTS' MARITAL STATUS

Current: Date of Marriage _____ Separation _____ Divorce _____

Prior: Mother married to _____ Separated _____ Divorced _____
Prior: Father married to _____ Separated _____ Divorced _____

OTHER TREATING CLINICIANS

Name Phone Number N

Practice Name Address P

Name Phone Number

Practice Name Address

PRIMARY CARE

Name Phone Number N

REFERRED BY THERAPIST OTHER A

Address

Practice Name Phone Number

REASON FOR BEING HERE AT THIS TIME

CURRENT PROBLEMS: What brings you here? Please briefly describe your child's current problems starting with the most serious.

NSET: How long ago did the problems begin? How old was your child? Was there a precipitant? Were there any major stresses happening in the family at the time the problems began?

*****T

REATMENT: What kinds of interventions have been tried? Have you tried medications, seen other therapists, used any “non-traditional” treatments?

RELATIONSHIP STRESSORS: Describe what effects the problems have had on family relationships and family functioning. How does your child get along with each parent and with each brother and/or sister.

*****S

CHOOL STRESSORS: Describe your child’s function at school. Are there any problems? What are his/her school-related likes and dislikes?

*****P

EER STRESSORS: Describe how your child gets along with other children. Who are his/her best friends? Have his/her problems affected these relationships?

LIST ALL CURRENT MEDICATIONS, VITAMINS, ADDITIVES AND HERBAL SUPPLEMENTS

NAME	DOSE REASON OR PURPOSE	RESULT/EFFECT

List side effects, improvements, preferences regarding medications

PAST PSYCHOLOGICAL OR PSYCHIATRIC PROBLEMS

HAS YOUR CHILD EVER BEEN TREATED FOR ANY OTHER PSYCHOLOGICAL OR PSYCHIATRIC PROBLEMS AT ANY OTHER TIME? Please describe other mental health problems and what interventions have been made. What have been the results of these interventions?

PAST AND PRESENT MEDICAL HISTORY

How is your child's general health currently?

-

Does your child now, or has your child had a past history of, any problems with his or her:

NOW	IN THE PAST	NEVER	PLEASE EXPLAIN BELOW
Head_____			Digestive tract_____
Eyes_____		E	Liver (hepatitis, etc)_____
ars/Nose/Throat_____		R	Genitourinary tract_____
espiratory/Lungs_____			Bones_____
Chest Pain_____			Muscles_____
Heart or blood vessels_____			Hormone system_____

NEUROLOGICAL PROBLEMS_____

- HEARING_____
- VISION_____
- Head Trauma_____
- Severe headaches_____
- Seizures_____ only with high fevers_____
- Encephalitis_____
- Meningitis_____
- Loss of consciousness or black outs_____
- Fainting_____
- Trance-like episodes_____
- Chronic dizziness_____
- Double vision_____
- Tremor_____
- Unexplained poor coordination_____

Trouble walking_____

Memory problems_____

Sleep_____A

ppetite_____

Girls: Age at first menstrual period/ Is menstruation regular? _____

Are there any difficulties related to menstrual periods? Please explain_____

Is your child sexually active?

Does he/she have a regular girl- or boy-friend?

Has your child ever been hospitalized? When and why?

Does your child *currently* or has your child *ever* had any serious medical illnesses? Please describe all illnesses and their treatments.

Has your child ever had any serious injuries? Please include *all* head injuries, concussions, losses of consciousness. Describe all injuries and their treatments. Did any require hospitalization?

Has your child ever had surgery? Please describe the surgery. Include the date and outcome.

Does your child have any allergies? Please include all medication allergies or food allergies. Has your child ever had any life threatening allergic reactions?

Has your child ever tried, or does your child currently use, any chemical substances or had medical or legal issues related to substance use?

EPOSURE TO TOXIC OR DANGEROUS CHEMICALS OR MATERIALS

Insulation_____Asbestos_____

Fumes_____Metals_____

Lead _____ Mercury _____
Chemicals _____ Plastics _____
Solvents _____ Dyes _____

Has your child traveled to a foreign country in the last 10 years? _____
Where? _____
When? _____
Are immunizations up to date? _____

IS THERE ANYTHING ELSE I SHOULD KNOW ABOUT YOUR CHILD'S MEDICAL HISTORY?

FAMILY HISTORY

Please report general and mental illness, addiction, neurological disorder, breathing or cardiac illness, early death, autoimmune disorders. Please indicate depression, bipolar disorder, schizophrenia, anxiety, eating disorder, autism, personality disorder, ADHD, Learning disorders specifically.

Father _____
Mother _____
Brother(s) _____ Sister(s) _____
Grandparents _____ Aunt _____
Uncles, Cousins, Other _____

DOES ANY FAMILY MEMBER HAVE ANY OTHER MEDICAL ILLNESS OR DISORDER, INCLUDING HEREDITARY DISORDERS, I SHOULD KNOW ABOUT?

Has any family member ever taken any psychiatric or mental health medication?
WHO WAS IT? MEDICATION PURPOSE EFFECT OR RESULT

_____ H

as any family member ever had a psychiatric hospitalization, ECT (electroconvulsive therapy) or "shock treatment", suicide attempts?

Has any family member ever been arrested or incarcerated? Please explain.

CHILD'S DEVELOPMENTAL HISTORY

Did your child's biological mother have any difficulties or complications during her pregnancy with this child?

_____S
erious Infection like Measles/German measles, Toxoplasmosis, Syphilis, Herpes, Flu or other virus?

_____S
Was this pregnancy considered "high risk", Maternal age over 40 years or under 20 years, or advanced paternal age?

_____S
Was the pregnancy shorter than 38 weeks or longer than 42 weeks?

_____S
Were any medications prescribed during this pregnancy? If "yes" which medications and during which trimester?

_____S
During pregnancy, did your child's biological mother engage in any of the following?
Smoking tobacco? If "yes", how much and during which trimester? _____
Drinking alcohol? If "yes", how much and during which trimester? _____
Any drug use (i.e. marijuana, cocaine, ecstasy, etc.) If "yes", which drugs and during which trimester? _____

_____S
Did you child have complications at birth related to exposure to medications of substances while in utero? _____

PREGNANCY-RELATED

- 1. Was this pregnancy planned?
- 2. Was there a preference for a boy or a girl?
- 3. Was this your child's biological mother's first pregnancy? How many prior live births? _____ How many prior miscarriages? _____ How many prior terminated pregnancies? _____

NEONATAL PERIOD AND INFANCY

- 1. Was this baby in the neonatal ICU?
- 2. Did the baby remain in the hospital after the birth mother went home?
- 3. Infancy: Was there anything unusual, different or difficult about this child during the first 12 months of life?
- 4. Had to switch formulas 3 times or more
- 5. Cried day and night, couldn't be consoled/Colicky
- 6. Too quiet or "too good"
- 7. Stiffened up when held, or pushed you away
- 8. Floppy or limp when held, or didn't cuddle with you
- 9. Hard to care for

DEVELOPMENTAL MILESTONES	Age	Concerns
Social Smile		

Roll over		
Sit without support		
Crawl		
Stranger anxiety		
Waving, peek-a-boo, and Playing patty cake		
Standing		
Walking		
Pretending in Play		
Tricycle/Bicycle		
Cooperating with others		

Feeding, Toileting, Bathing	Age	Concerns
Bottle Feeding		
Drinking from a Cup		
Eating Solids		
Using Spoon Alone		
Helping to Dress		
Dressing Alone		
Staying Dry all Night		
Staying Dry all Day		
Use toilet for urine		
Use toilet for stool		

Speech and Language	Age	Concerns
First Sounds		

Single Words		
2 Word Phrases		
Using Sentences		
Understood By Strangers		
Speech Impediment?		
Speech Therapy?		
Repeating words or phrases?		
Quoting excessively?		
Correct use of Pronouns		
Initiates Conversations?		
Talks about topics other than primary interest?		

Has anyone ever suggested your child might have a developmental delay? _____

Has anyone ever suggested your child might intellectual disability?

Has your child, or does your child, do any of the following; Body rocking, Head banging, Hand flapping, Toe walking, Make repetitive nonsense sounds when old enough to speak?

SOCIAL HISTORY

1. Does your child prefer to play alone or with others?
2. Does your child have any good friends? If "yes" who are his/her closest friends?
3. What do they do together, how often do they get together?
4. What are your child's hobbies?
5. What is your child best at doing?
6. What is he/she least good at?

MORAL DEVELOPMENT

1. Does your child ever feel guilt or remorse for wrong doings? If "yes" how does he/she show it?
2. Does your child feel guilty even when what he/she has done isn't that terrible?
3. How well does your child seem to like him/herself?
4. Does your child make negative statements about him/herself? What are they?
5. Does your child feel like a "loser"?

6. Does your child get picked on or teased? If "yes" what about?
7. How does he/she handle bullying?
1. How does your child handle peer pressure?
2. Who is your child most likely to confide in?
3. How does your child get along with Mom?
4. How does your child get along with Dad?
5. How does your child get along with siblings?

IS THERE ANYTHING ELSE I SHOULD KNOW ABOUT YOUR CHILD'S SOCIAL HISTORY?

SCHOOL HISTORY

WHICH SCHOOLS HAS YOUR CHILD ATTENDED?

Name of School Grades Attended Dates Reason for Leaving, Type of Class

Describe your child's attitude toward school.

1. Describe your child's behavior in school.
2. Has your child ever refused to go to school? If "yes", please explain.
3. a. Which are his/her best subjects?
4. b. Which are his/her favorite subjects?
5. a. Which are his/her worst subjects?
6. b. Which are his/her least favorite subjects?
7. Have your child's grades changed over time? If "yes", please explain.
8. Has your child been tested for Learning Disabilities? If "yes", please describe the results.
9. Has your child been held back or skipped a grade? Please explain.

IS THERE ANYTHING ELSE I SHOULD KNOW ABOUT YOUR CHILD'S SCHOOL HISTORY?

FAMILY SOCIAL HISTORY

1. Have there been any recent stresses in the family? Please explain.
2. Has anyone recently left the family or died? Please explain.
 1. Has anyone recently joined the family? Please explain.
 2. Have there been any recent employment changes or job losses? Please explain.
3. Have there been any recent financial changes (good or bad)? Please explain.
4. How many times has your family moved during your child's lifetime? Please explain your moves and reasons for moving. How did your child adapt to moving?

IS THERE ANYTHING ELSE I SHOULD KNOW ABOUT YOUR FAMILY?
