ADVOCATE PSYCHOTHERAPY SERVICES

SERVING ALL OF CENTRAL WISCONSIN — TO HELP YOU FIND WHAT'S MISSING

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INTAKE QUESTIONNAIRE – CHILD

Name of Person Completing this Form:_____

Relationship to Child:_____ Who referred you:_____

Home Phone:_____ Work Phone (indicate whose #)_____

If you feel the therapist should be aware of any special treatment considerations due to gender, age, sexual orientation, or cultural, religious, national, racial or ethnic identity, please explain:_____
_____

IDENTIFYING INFORMATION (For individual receiving services)

Child's Name:_____ Date of Birth:_____

Address:_____ Sex:_____ Age:_____

Home Phone:_____ Work Phone (indicate whose #):_____

PRESENTING PROBLEM (Current Situation and History)

What is the primary problem for which you are seeking help? (Please circle)

a. Behavior at Home
b. Family Problems
c. Depression
d. Mood Swings
e. Behavior at School
f. Self-Confidence
g. Overactivity
h. Peer Problems
i. Eating Disorder
j. Alcohol/Drug Use
k. Physical
l. Other: (Please Explain)

_____

How long has the child had this problem(s):_____

Has the child received treatment for this problem? Yes _____ No_____ If "yes", when, where, and with whom?_____

HOME BEHAVIOR

1. Is there a behavior problem at home? Yes_____ No_____ If "yes" please explain_____
2. What kind of discipline is used with the child?_____
3. Who is the primary disciplinarian?_____

HOUSEHOLD FAMILY MEMBERS				
Name	Age	Relationship	Lives with You	If "no" lives where?
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
MEDICATIONS				
MEDICATION	DOSAGE/ FREQ.	PRESCRIBING PHYSICIAN	FOR WHAT CONDITION	

SCHOOL INFORMATION

What school does the child currently attend? _____

What grade is the child in? _____ Is the child in special education classes? Yes_____ No _____

Is the child experiencing any problems in school?

Academics (grades): Yes_____ No_____ Social (peers or adults) Yes_____ No_____

Behavior Yes_____ No_____

Please explain any "yes" responses:_____

_____

Anything else you want your therapist to know right away?

_____

_____

Parent/Guardian Signature: _____ Date: _____