



<b>Client Intake form</b>					
<b>Child</b>	Name:		Birth date:	Age:	
	Adopted? Yes/No    If Yes, at what age?		Does the child know? Yes/No		
<b>School</b>	Name:		Teacher's name:		
	Contact details:				
<b>Family</b>	Postal Address:		Physical Address:		
	Father <u>name</u> :	Occupation:		Age:	
		Education:		Work phone: Cell:	
	Mother <u>name</u> :	Occupation:		Age:	
		Education:		Work phone: Cell:	
	Marital Status: If divorced or separated, how old was the child when separation occurred? If remarried, how old was the child when the stepparent entered the family?				
	Siblings	1.                      Age:	2.                      Age:		
		3.                      Age:	4.                      Age:		
	List other people living in the household:				
	Language	Home:		Other:	
<b>Areas of concern</b>	Current difficulties:				
	How long has the problem been of concern?		Recent changes in the child's behaviour:		
	What seems to help the problem?		What seems to make the problem worse?		
	Previous evaluation or treatments: Year                      Evaluation/Treatment                      Practitioner		Current treatments or medication:		

Early Developmental History	Pregnancy	Normal/Problematic/Prenatal care:			
		Use of drugs, alcohol or cigarettes during pregnancy:			
		Exposure to x-rays, chemicals or infectious diseases:			
	Birth	Induced/Forceps/Caesarean/Length of labour:			
		Neonatal Care (oxygen etc):			
		Birth weight:	Birth defects/complications:		
	Infancy (0-2years)	Duration of breast/bottle feeding:		Feeding problems (colicky):	
		Sleeping problems (poor sleep patterns):		Other problems (didn't like being held/banged head):	
	Age of Milestones	Sat at <u>what age</u> (6-8m):	Crawled at <u>what age</u> (8-10m):	Walked at <u>what age</u> (12-14m):	Toilet trained at <u>what age</u> (day/night):
		First word ( <u>age</u> ):	3 word sentences ( <u>age</u> ): -2 yrs/2-3 yrs/+3yrs	Fed self ( <u>age</u> ):	Dressed self ( <u>age</u> ):
Motor	Gross (running): Clumsy/Average/Good		Fine (threading beads): Clumsy/Average/Good		Dominance (Right/Left):
	Current participation in sporting activities:				
	Other extramurals:				
General Health	Illnesses and age of illness:				
	Hospitalization/accidents/injuries (especially head injuries) and ages:				
	Convulsions/blackouts:				
	General health: good/average/weak. If weak, give details:		Height:	Weight:	
	Family medical history: (academic, alcoholism, cancer, depression, diabetes, drug, epilepsy, heart, suicide etc) <u>Problem</u> <u>Relationship of member to child</u>				
Sensory	Eyes tested	Date:	Practitioner:	Problems:	
	Hearing tested	Date:	Practitioner:	Problems:	
Speech	How did child's language develop: good/average/poor Any speech/articulation problems:				
	Enjoys reading or listening to stories: good/average/not at all Ability to repeat a story:				
	Manner of speaking (loudness and speed):		Audience (adults, children, family only):		
Cognitive	Intellectual ability: Achieving potential? Yes/No		Concept of numbers: Good, average, poor		
	Long-term memory:				
	Short-term memory:				
	Do you perceive your child as hyperactive, hypoactive, with attention difficulties				

Socio-emotional	<b>Enuresis (bedwetting) or encopresis (soiling):</b>				<b>Sleep problems (insomnia, sleepwalking, nightmares, restless sleep, fear of dark):</b>		
	<b>Behaviours:</b> easily frightened, nail biting, exceptional need for pampering, considerable self-confidence, independent, reasonable independent, very dependent on parents, fluctuating emotions, thumb sucking, tense, temper, tantrums, need for cuddling toys/blanket						
	<b>Personality:</b> moody, rebellious, shy, solitary, inclined to jealousy, careless, obedient, easy to manage, attention seeking, exceptionally tidy, untidy, daydreamer, selfish, domineering, active, quiet, enthusiastic, easily distracted, pays attention, loving, can take the lead, cheerful, humorous, sense of responsibility, spontaneous, acts with self-control, has sympathy, dishonest, honest						
	<b>Relationships</b>	<b>Person</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>	<b>Comment (indicate special bonds or hostility)</b>	
		Mum					
		Dad					
		Siblings					
		Teachers					
		Peers					
	<b>Preference to play (own/with friends):</b>				<b>Parents separated at any stage for some time:</b> Child's age & reaction:		
<b>Separation anxiety (age):</b>				<b>Reaction to birth of sibling (if applicable):</b>			
<b>Does child/other children talk freely about problems:</b>				<b>Mother worked since birth of children (full/half day):</b>			
<b>Any behavioural changes in the last 3 months:</b> (sexually provocative, extreme fears, anxieties, wariness with adults, refusal to sleep alone or go to bed, loss bladder control, overeating, compulsion about cleanliness, fearful of visiting parent/caregiver, very eager to please others, dazed on return from visit of separated parent):							
Educational	<b>Preschool attendance (from what age):</b>				<b>Special education/failures:</b>		
	<b>Previous Primary Schools:</b>				<b>Previous High Schools:</b>		
	<b>Problems areas (3 R's/subjects):</b>						
	<b>Behavioural difficulties</b> (attention, sitting still, waiting turn, taking notes, remembering things, forgetting homework):						
	<b>Attitude to school</b> (dislikes school, resists going, refuses to do homework):						
	<b>How does your child feel about his/her scholastic progress?</b> (satisfied, worried, unconcerned, do not know)						
Discipline	<b>How does your child accept discipline at home:</b> Well, poorly, difficult at times:						
	<b>Disciplinary techniques used:</b> ignore problem behaviour, scold, spank, threaten, reason, redirect interests, timeout, deprivation of privileges.						
	<b>Which parent (caregiver) usually administers discipline?</b>				<b>Do you feel that you can discipline your child/children?</b>		
Social Services	<b>Trouble with the law:</b>						
	<b>Referral to child protection services for maltreatment:</b>						
Assets	<b>What do you enjoy doing with your child:</b>						
	<b>What have you found the most satisfactory way of helping your child:</b>						
	<b>What are the child's strengths :</b>						
Stressors	<b>Stressors the family has experienced during the last 12 months:</b> (deaths, divorce, separation, loss jobs, relocation, problems with the law, violence, child abuse/neglect, pet died, change of school, loss of friends, natural disaster):						
Parent Needs	<b>In which area(s) do you need help:</b> information, help in the home, counselling, help communicating with child's school, special equipment to meet child's needs, medical care, support groups, transportation, vacation, financial.						