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CHILD AND ADOLESCENT INTAKE FORM

Child's Name _____ Date of Birth _____
Address _____ SSN: _____
City, State, Zip _____ Highest Grade Completed _____
Occupation: _____ Place of Employment: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-Mail Address: _____ Religious Affiliation: _____

Mother: _____ Date of Birth: _____
Address: _____
City, State, Zip: _____ Highest Grade Completed: _____
Occupation: _____ Place of Employment: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-Mail Address: _____ Religious Affiliation: _____

Step-Parent or other Guardian: _____ Date of Birth _____
Address: _____
City, State, Zip: _____ Highest Grade Completed: _____
Occupation: _____ Place of Employment: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-Mail Address: _____ Religious Affiliation: _____

Presenting
Problem: _____

What languages are spoken at home? _____
How many homes has the child lived in? _____
With whom does the child share a bedroom and /or bed? _____
Who cares for the child during the day: _____
In what year were the natural parents married? _____
Who has legal custody of the child? _____
Are you authorized to seek counseling for this child? _____ Yes _____ No
In what year was the custodial parent remarried, if applicable? _____
This child is: _____ adopted _____ natural. List any known problems encountered during this pregnancy:

What was the child's birthweight? _____ Are eating/sleeping patterns: _____ regular _____ irregular?
What was child's approach to new situations: _____ Positive _____ Withdrawn _____ Slow to Warm up?
What was child's reaction to new stimuli? _____ Intense _____ Moderate _____ Little or None?

When trying new things or encountering new situations, regardless of your child's initial reaction, would you describe your child as ___ Adaptable ___ Slow to Adapt ___ Unadaptable

Your child's activity level would be described as: ___ Extreme ___ Moderate ___ Quiet

What age was toilet training started: _____ What age was it established? _____

Describe any struggles, if any, with toilet training: _____

Does the child ever wet the bed? ___ Yes ___ No How Often? _____

Does the child wet primarily during the ___ Night ___ Day ___ Both? Does the child ever soil? ___ Yes ___ No. Where is the child usually when soiling or wetting occurs? _____

How is discipline handled in the home? _____

Describe any traumatic events that child has been through (deaths, abuse, moves, etc.)

List child's interest/hobbies/skills: _____

Is child attending school? ___ Yes ___ No Is child expected to ___ Pass ___ Fail this year?

What special services, if any, is the child receiving in school? In what subjects and for how many hours per day?

Is the child presently receiving counseling in the school? ___ Yes ___ No If yes, from whom?

_____ Phone # _____. May we contact him/her? ___ Yes ___ No

Has the child ever failed a class or been held back? ___ Yes ___ No If yes, describe: _____

Past Consultations: Sources of help sought in the past (Psychologists, psychiatrists, etc.)

Please list any additional information which you feel we should know about: _____

Insurance Information: Insurance Company: _____

Policy/Group# _____ Address: _____

Phone: _____ PPO ___ HMO Has deductible been met? _____

Does your insurance company require prior authorizations? If so, please provide the authorization number #:

BEHAVIORAL CHECKLIST

| OBSERVATION | NEVER | SOMETIMES | OFTEN | ALWAYS |
|--|-------|-----------|-------|--------|
| <u>EATING</u> | | | | |
| Picky Eater | _____ | _____ | _____ | _____ |
| Overweight | _____ | _____ | _____ | _____ |
| <u>SLEEP</u> | | | | |
| Restless | _____ | _____ | _____ | _____ |
| Difficulty getting to sleep | _____ | _____ | _____ | _____ |
| <u>FEARS & WORRIES</u> | | | | |
| Afraid of new situations | _____ | _____ | _____ | _____ |
| Afraid of people | _____ | _____ | _____ | _____ |
| Afraid of being alone | _____ | _____ | _____ | _____ |
| Worries about death & illness | _____ | _____ | _____ | _____ |
| Afraid of the dark | _____ | _____ | _____ | _____ |
| <u>MUSCULAR TENSION</u> | | | | |
| Gets still and rigid | _____ | _____ | _____ | _____ |
| Twitches or jerks | _____ | _____ | _____ | _____ |
| Shakes | _____ | _____ | _____ | _____ |
| <u>SPEECH</u> | | | | |
| Stutters | _____ | _____ | _____ | _____ |
| Hard to understand | _____ | _____ | _____ | _____ |
| <u>ORAL NEEDS</u> | | | | |
| Sucks thumb | _____ | _____ | _____ | _____ |
| Bites nails | _____ | _____ | _____ | _____ |
| Chews on clothes, blankets, hair, etc. | _____ | _____ | _____ | _____ |
| <u>IMMATURITY</u> | | | | |
| Does not act his/her age | _____ | _____ | _____ | _____ |
| Cries easily | _____ | _____ | _____ | _____ |
| Clings to parents or other adults | _____ | _____ | _____ | _____ |
| Talks baby talk | _____ | _____ | _____ | _____ |
| <u>FEELINGS</u> | | | | |
| Keeps anger inside | _____ | _____ | _____ | _____ |
| Gets pushed around by other children | _____ | _____ | _____ | _____ |
| Unhappy, quick mood changes | _____ | _____ | _____ | _____ |
| <u>ASSERTION</u> | | | | |
| Bullying | _____ | _____ | _____ | _____ |
| Bragging and boasting | _____ | _____ | _____ | _____ |
| Sassy to grown-ups | _____ | _____ | _____ | _____ |

| OBSERVATION | NEVER | SOMETIMES | OFTEN | ALWAYS |
|---|-------|-----------|-------|--------|
| <u>PEERS</u> | | | | |
| Shy | _____ | _____ | _____ | _____ |
| Feelings easily hurt | _____ | _____ | _____ | _____ |
| Has no close friends | _____ | _____ | _____ | _____ |
| <u>SIBLING RELATIONS</u> | | | | |
| Copies sibling(s) | _____ | _____ | _____ | _____ |
| Fights with sibling(s) | _____ | _____ | _____ | _____ |
| Physically or mentally cruel | _____ | _____ | _____ | _____ |
| Jealous | _____ | _____ | _____ | _____ |
| Tattles | _____ | _____ | _____ | _____ |
| <u>RESTLESS</u> | | | | |
| Restless or overactive | _____ | _____ | _____ | _____ |
| Excitable, impulsive | _____ | _____ | _____ | _____ |
| Short attention span | _____ | _____ | _____ | _____ |
| Doesn't finish what he/she starts | _____ | _____ | _____ | _____ |
| <u>TEMPER</u> | | | | |
| Temper outburst, explosive, unpredictable | _____ | _____ | _____ | _____ |
| Throws, breaks, destroys things | _____ | _____ | _____ | _____ |
| Pouts or sulks | _____ | _____ | _____ | _____ |
| Hurts others physically | _____ | _____ | _____ | _____ |
| <u>SCHOOL PROBLEMS</u> | | | | |
| Is not learning up to potential | _____ | _____ | _____ | _____ |
| Does not like to go to school | _____ | _____ | _____ | _____ |
| Is afraid to go to school | _____ | _____ | _____ | _____ |
| Daydreams | _____ | _____ | _____ | _____ |
| Truancy | _____ | _____ | _____ | _____ |
| Will not obey school rules | _____ | _____ | _____ | _____ |
| <u>LYING</u> | | | | |
| Denies any wrong | _____ | _____ | _____ | _____ |
| Blames others for mistakes | _____ | _____ | _____ | _____ |
| Tells stories that did not happen | _____ | _____ | _____ | _____ |
| <u>STEALING</u> | | | | |
| From parents or family | _____ | _____ | _____ | _____ |
| At school | _____ | _____ | _____ | _____ |
| From stores and other places | _____ | _____ | _____ | _____ |
| <u>FIRE SETTING</u> | | | | |
| Plays with matches or candles | _____ | _____ | _____ | _____ |
| Sets fires | _____ | _____ | _____ | _____ |
| <u>TROUBLE WITH THE LAW</u> | | | | |
| Been in trouble with the law | _____ | _____ | _____ | _____ |

