

Psychological Services Intake Form

What led you to seek psychological services for your child and/or family?

Has your child ever been evaluated or treated by a psychologist or psychiatrist in the past? Yes No

If yes, when and for what reason(s)? _____

Indicate which stressors your child is experiencing now (within last 6 months) or has in the past:

- | Now | Past | | Now | Past | | Now | Past | |
|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Death of family member | <input type="checkbox"/> | <input type="checkbox"/> | Illness of family member | <input type="checkbox"/> | <input type="checkbox"/> | Illness of friend |
| <input type="checkbox"/> | <input type="checkbox"/> | Personal injury/illness | <input type="checkbox"/> | <input type="checkbox"/> | Parents separated | <input type="checkbox"/> | <input type="checkbox"/> | Parents divorced |
| <input type="checkbox"/> | <input type="checkbox"/> | Conflicts within family | <input type="checkbox"/> | <input type="checkbox"/> | Conflicts with friends | <input type="checkbox"/> | <input type="checkbox"/> | Conflicts at school |
| <input type="checkbox"/> | <input type="checkbox"/> | Academic difficulties | <input type="checkbox"/> | <input type="checkbox"/> | Change in residence | <input type="checkbox"/> | <input type="checkbox"/> | Legal problems |
| <input type="checkbox"/> | <input type="checkbox"/> | Sexual abuse | <input type="checkbox"/> | <input type="checkbox"/> | Physical abuse | <input type="checkbox"/> | <input type="checkbox"/> | Verbal/emotional abuse |

Other Concerns: _____

Please check all that apply to your child:

- | | |
|---|--|
| <input type="checkbox"/> Suicidal thoughts | <input type="checkbox"/> Explosive anger |
| <input type="checkbox"/> Depression/sadness | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Anxiety/nervousness | <input type="checkbox"/> Rapid mood changes |
| <input type="checkbox"/> Recurrent/intrusive thoughts | <input type="checkbox"/> Loss of interest in almost all activities |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Feeling worthless |
| <input type="checkbox"/> Academic difficulties | <input type="checkbox"/> Racing thoughts |
| <input type="checkbox"/> Loss of appetite or over-eating | <input type="checkbox"/> Feelings of hopelessness |
| <input type="checkbox"/> Weight loss or gain | <input type="checkbox"/> Decreased need for sleep |
| <input type="checkbox"/> Recurrent/intrusive disturbing recollections or dreams | <input type="checkbox"/> Poor self esteem |
| <input type="checkbox"/> Overwhelming need to perform certain behaviors/rituals | <input type="checkbox"/> Aggressive |
| <input type="checkbox"/> Excessive fears or phobias | <input type="checkbox"/> Visual or auditory hallucinations |
| <input type="checkbox"/> Significant concerns with physical problems | <input type="checkbox"/> Stomach aches |
| <input type="checkbox"/> Difficulty sleeping | <input type="checkbox"/> Unmotivated |
| <input type="checkbox"/> Poor frustration tolerance | <input type="checkbox"/> Bizarre behavior |
| | <input type="checkbox"/> Overly dependent |
| | <input type="checkbox"/> Shy and withdrawn |

- Quiet
- Harms self on purpose
- Resists change
- Self-stimulates
- Wetting bed or clothes
- Exhibits sexually inappropriate behavior
- Picks at skin or pulls out hair
- Overly emotional
- Immature for age
- Is very fidgety
- Can't remain seated
- Can't wait his/her turn when playing with others
- Answers before s/he hears the whole question
- Rarely follows other's instructions
- Easily lies to others
- Steals things
- Destroys other people's property
- Irritable
- Is cruel to animals
- Starts fights with others
- Homicidal thoughts
- Other unusual behavior:

What are your goals for evaluation and/or therapy?

What are 3 positive qualities about your child?

1. _____
2. _____
3. _____