Katy Center for Psychology & Counseling Services

Child/Adolescent Intake and Developmental History Form

Please fill out this form to the best of your knowledge. If some questions are not applicable to you or your child, write N/A. If you need more space or wish to make additional comments, please write on the back or attach a separate sheet.

Person completing this form: _____Relationship to child:_____

Date:_____

Please take a few lines and discuss the reason your child is presenting for treatment or assessment and your goals for work with the psychologist:

_____

_____

_____

_____

_____

A. General Information:

Child's name: _____ Birth date: _____Age: _____

Sex:_____ Child lives at: _____

Current school:_____ In or Entering Grade:_____

Minor's cell phone number: _____

Minor's email address: _____

May your clinician contact the child by phone, text, email when s/he has an email or phone? ❑ No ❑ Yes

Child currently lives with:

❑ Biological Mother ❑ Biological Father ❑ Stepmother ❑ Stepfather

❑ Adoptive Mother ❑ Adoptive Father ❑ Foster Mother ❑ Foster Father

❑ Grandmother ❑ Grandfather ❑ Other (specify)_____

(A copy of legal custodianship needs to be provided if child is cared for by person(s) other than living biological or adoptive parents)

Marital Status of Parents:

❑ Married (for_____years) ❑ Never Married ❑ Separated ❑ Divorced ❑ Widowed

If applicable, age of child when parents divorced: _____

Was divorce considered high-conflict? If applicable, age of child when parent(s) died: _____

Mother's name: _____Birth date: _____ Home phone: _____

Cell phone:_____ Email Address: _____

Address: _____

Currently employed: ❑No ❑ Yes, as: _____ Work phone: _____

Highest grade completed:_____

Father's name: _____ Birth date: _____ Home phone: _____

Cell phone:_____ Email Address: _____

Address: _____

Currently employed: ❑No ❑Yes, as: _____ Work phone: _____

Highest grade completed:_____

Stepparent's name: _____ Birth date: _____ Home phone:_____

Cell phone:_____ Email Address: _____

Address: _____

Currently employed: ❑ No ❑ Yes, as: _____ Work phone: _____

Siblings: Names, gender, and ages of siblings (please specify if a half or step-sibling)

_____

_____

_____

B. Residences: Please provide the following information if your child has had more than 1 residence: For "Type of Residence" please signify home, foster home, institutional, or other (please specify).

Type of Residence	Dates from/to	Reason for Placement	Results	Reason for Leaving

C. Previous Psychological Treatment:

Has child received previous psychological treatment? ❑ No ❑ Yes If "Yes" please provide the following:

When	Duration	By Whom	For What	Results

Has child taken or currently taking medications for mental health purposes? ❑ No ❑ Yes If "Yes" please describe:

Medication	When	Duration	By Whom	For What	Results

D. Mental Health History:

Has anyone in child's natural, foster, or adoptive family been diagnosed with a mental health disorder including addiction(s)? ❑ No ❑ Yes If yes, please provide the following information:

Who	Diagnosis	When	Treatment Sought?	Results

E. Abuse History

Has child knowingly been abused: ❑ No ❑ Yes

If "yes", please provide the following information using these letters for the Abuse Type:

P = Physical such as beating, slapping, pushing
S = Sexual such as touching, molesting, fondling, exposing or intercourse
N = Neglect such as failure to feed, shelter, protect, provide medical treatment
V = Verbal such as name-calling, shaming, belittling

Child's Age(s)	Abuse Type	By Whom	Effects on child	Who did child tell	Results of telling

F. Substance Abuse History

Has your child ever engaged in substance abuse: ❑ No ❑ Yes If "yes," Please provide information below:

Chemical	Last use	Amount	How often used	How long used
Alcohol				
Marijuana				
Cocaine/Crack				
Inhalants				
LSD				
Prescribed pills				
Heroin				
Specify Other				

Which of these has your child experienced due to alcohol and/or illegal substance use:

___Blackouts ___Withdrawal symptoms ___Cravings ___Overdoses ___N/A

Has your child ever been treated (including hospitalization) for alcohol and/or illegal substance use/abuse?
❑ No ❑ Yes If yes, please provide the following information:

Dates	Agency	Type of Program	Voluntary? Yes/No	Length of Treatment	Effects of Treatment

Has your child ever experienced legal problems (including arrest) due to alcohol and/or use of illegal substances?
❑ No ❑ Yes

If yes, please explain: _____

_____

_____

G. Health/Medical Information

List all major diseases, illnesses, important accidents and injuries, hospitalizations, periods of loss of consciousness, head injuries, chronic illnesses, convulsions/seizures, and any other medical conditions your child has experienced including pregnancies.

Age	Illness/Diagnosis	Length of Illness	Medications Taken	Effects of Treatment

Health Habits

How many hours sleep/night does your child average? _____

Is this consecutive or broken sleep? Any sleep problems? _____

How many hours of exercise does your child average/week? _____

What is his/her exercise of choice? _____

How many meals does your child average/day? _____

Would you describe your child's diet as poor, average, healthy? _____

H. Developmental History

Please fill in any information you have on the areas listed below:

Pregnancy and delivery

Prenatal medical illnesses and health care:

_____

_____

Was the child premature? ❑ No ❑ Yes. Weight and height at birth: _____lbs _____ inches

Apgars 1 & 5 minute scores: _____ Any birth complications or problems? ❑ No ❑ Yes If, yes, please explain: _____

The first few months of life

Breast-fed or Formula-fed? If so, for how long? Any allergies? _____

_____

Child Developmental Milestones

At what age did this child do each of these?
Sat without support: _____ Crawled: _____ Walked without holding on: _____
Helped when being dressed: _____ Tied shoelaces: _____ Buttoned buttons: _____
Ate with a fork: _____Stayed dry all day: _____ Stayed dry all night: _____

Speech/language development

Age when child said first word understandable to a stranger: _____

Age when child said first sentence understandable to a stranger: _____

Any speech, hearing, or language difficulties? ❑ No ❑ Yes If, yes, please explain: _____

_____

I. Educational History

Name of School or Home Curriculum	What years attended (grade levels)	What was grade range on report cards at this school?	Detail any successes or failures here	Reason for leaving school or other details

Has your child ever been retained in a grade? ❑ No ❑ Yes If, yes, please explain: _____

Has your child ever been diagnosed with a learning problem? ❑ No ❑ Yes If, yes, please explain:_____

Has your child ever been diagnosed as gifted? ❑ No ❑ Yes If, yes, please explain:_____

J. Behavior Checklist

Please review this checklist, which contains concerns (as well as positive traits) that apply mostly to children, and mark any items that describe your child. Feel free to add any others at the end under "Any other characteristics."

- ☐ Affectionate
- ☐ Argues, "talks back," smart-alecky, defiant
- ☐ Bullies/intimidates, teases, inflicts pain on others, is bossy to others, picks on, provokes
- ☐ Cheats
- ☐ Cruel to animals
- ☐ Concern for others
- ☐ Conflicts with parents over rule breaking, money, chores, homework, grades, choices in music/clothes/hair/friends
- ☐ Complains
- ☐ Cries easily, feelings are easily hurt, pouts
- ☐ Dawdles, procrastinates, wastes time

- ☐ Difficulties with parent's paramour/new marriage/new family
- ☐ Dependent, immature, too attached
- ☐ Developmental delays
- ☐ Disrupts family activities
- ☐ Disobedient, uncooperative, refuses, noncompliant, doesn't follow rules
- ☐ Distractible, inattentive, poor concentration, daydreams, slow to respond
- ☐ Dropping out of school
- ☐ Drug or alcohol use
- ☐ Eating—poor manners, refuses, appetite increase or decrease, odd combinations, overeats, or Obesity _____
- ☐ Exercise problems
- ☐ Extracurricular activities interfere with academics
- ☐ Failure in school
- ☐ Fearful, anxious or nervous
- ☐ Fighting, hitting, violent, aggressive, hostile, threatens, destructive
- ☐ Fire setting
- ☐ Friendly, outgoing, social
- ☐ Hypochondriac, always complains of feeling sick
- ☐ Immature, "clowns around," has only younger playmates
- ☐ Imaginary playmates, fantasy
- ☐ Independent
- ☐ Interrupts, talks out, yells
- ☐ Lacks organization, unprepared
- ☐ Lacks respect for authority, insults, dares, provokes, manipulates
- ☐ Learning disability
- ☐ Legal difficulties—truancy, loitering, panhandling, drinking, vandalism, stealing, fighting, drug sales
- ☐ Likes to be alone, withdraws, isolates
- ☐ Lying
- ☐ Low frustration tolerance, irritability
- ☐ Mental Retardation
- ☐ Moody
- ☐ Mute, refuses to speak
- ☐ Nail biting
- ☐ Nightmares
- ☐ Need for high degree of supervision at home over play/chores/schedule
- ☐ Obedient
- ☐ Overactive, restless, hyperactive, out-of-seat behaviors, restlessness, fidgety, noisiness
- ☐ Oppositional, resists, refuses, does not comply, negativism
- ☐ Prejudiced, bigoted, insulting, name calling, intolerant
- ☐ Recent move, new school, loss of friends
- ☐ Relationships with brothers/sisters or friends/peers are poor—competition, fights, teasing/provoking, assaults
- ☐ Responsible
- ☐ Rocking or other repetitive movements
- ☐ Runs away
- ☐ Sad, unhappy
- ☐ Self-harming behaviors—biting or hitting self, head banging, scratching self
- ☐ Speech difficulties
- ☐ Sexual—sexual preoccupation, public masturbation, inappropriate sexual behaviors
- ☐ Shy, timid
- ☐ Stubborn
- ☐ Suicide talk or attempt
- ☐ Swearing, blasphemes, bathroom language, foul language
- ☐ Temper tantrums, rages
- ☐ Thumb sucking, finger sucking, hair chewing
- ☐ Tics—involuntary rapid movements, noises, or word productions
- ☐ Teased, picked on, victimized, bullied
- ☐ Truant, school avoiding
- ☐ Underactive, slow-moving or slow-responding, lethargic
- ☐ Uncoordinated, accident-prone
- ☐ Wetting or soiling the bed or clothes

Any other characteristics: _____

Are these symptoms specific to one environment (home, school, church, for example) or across several? Please specify:_____

List hobbies, sports; recreational, musical, TV, and toy preferences; etc.: _____

_____

List three strong or favorite qualities or characteristics of your child: _____

_____

List three of the most challenging qualities or characteristic of your child: _____

_____

K. Discipline

What is your primary disciplinary method with this child? _____

How does the child respond?: _____

L. Moral and Spiritual Development

What is the spiritual orientation in the child's primary home? _____

What are some of the values most esteemed in the home? _____

How does the child respond? _____

M. Therapy Goals

What results would you like to see in therapy?_____

_____

What else is important for your clinician to know? Please elaborate as needed and/or bring previous records or notes to your appointment:_____

_____

Katy Center for Psychology & Counseling Services

CREDIT CARD AUTHORIZATION
Please make no marks or add comments to this page of the document.

It is your consent to make payment for services rendered and time allotted for your treatment or assessment and these professional services are conditional on your signing this consent form without modification. This form will be securely stored in your client file and may be updated upon request at any time.

If you miss or fail to cancel an appointment within 48 business hours of the scheduled time, or if a check is returned unpaid, you will be charged for the time allotted for your appointment. With appropriate notice, appointment slots can almost always be used to serve another client. An additional $25 fee will be assessed for returned checks or inaccurately disputed charge-backs.

I, _____, hereby authorize Dr. Alexis Llewellyn or Katy Center for Psychology & Counseling Services to charge my credit card at a rate of $200 per hour for the individual time allotted me and $225 per hour for couples or family appointments per hour allotted to us including all of the following:

*Missed appointments/no shows
*Appointments that I have cancelled with less than 48 business hours notice
*Returned checks or chargebacks from PayPal in which an additional $25 will be added to the total

Credit Card/Debit Card Type (check one):
□ Visa □MasterCard □Discover □American Express

Card #_____ Expiration Date: _____

Verification/Security Code (3-digit code on back of card or 4-digit code on front):_____

Name as Printed on Card: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Email address that may be used to send notification of payment: _____

By signing below I am authorizing Dr. Alexis Llewellyn or Katy Center for Psychology & Counseling Services to charge my credit card for professional services as described above. I understand that credit card transactions require release of some of my identifying information and consent to this release. I certify that I am the owner of the credit card listed on this page and can thereby authorize this card to be charged:

Signature: _____ Date: _____

Printed Name: _____