

Becky Z. Moorefield, LCSW
979-235-7896

New Child/Adolescent Intake

Child's Name: _____
DOB: _____ Age: _____ Grade: _____
Address: _____ _____
Reason for Assessment: _____ _____ _____
School: _____
What grades does child make? _____
Problems with school: _____
Age problems started? _____

Consent for Assessment:

I/We voluntarily consent to an assessment by Becky Z. Moorefield, LCSW. I/We realize that assessments of this kind are not an exact science, and I/We acknowledge that no guarantees have been made as to the result of the assessment or treatment rendered. I/We understand consent can be withdrawn at any time.

Parent signature

Date

Mom's Name: _____

Address: _____

Cell: _____ Email: _____

Dad's Name: _____

Address: _____

Cell: _____ Email: _____

CHILD'S PARENTAL MARITAL HISTORY:

Married to child's parent? _____ If so, for how long? _____

If Divorced for how long? _____ Who has custody? _____

Problematic divorce, separation, or visitation issues?

Either parent remarried? _____ If so, give brief summary of stepfamily issues:

FAMILY INFORMATON:

List all of child's siblings and ages:

List any family history related to mental health or substance abuse issues: _____

Who will be involved in child's treatment? _____

MEDICAL HISTORY:

Current Medical issues: _____

Primary Doctor Name and Number: _____

Medication	Dosage	Reason	Doctor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your child see a Psychiatrist? _____ Name: _____
Has your child see a prior therapist? _____ Name: _____
Has your child ever received inpatient hospitalization for a mental health condition? _____
Is so when and where? _____

Anyone in the family with history of mental health issues? If so, who and what? _____

CHILD BEHAVIOR CHECKLIST (PLEASE CHECK ALL THAT CURRENTLY APPLY):

- | | |
|---|----------------------------------|
| _____ gets along with peers | _____ Behaves consistently daily |
| _____ has a best friend | _____ Uses drugs or alcohol |
| _____ Cries often | _____ Has problems with memory |
| _____ Has big temper tantrums | _____ History of hallucinations |
| _____ Seems extremely active/hyper | _____ Runaway history |
| _____ Poor appetite | _____ Injures self |
| _____ Inability to sleep | _____ Threatens others |
| _____ Ever hurt animals or property | _____ Plays with or sets fires |
| _____ History of violence or aggression | _____ Suicidal history |
| _____ Seems anxious or fearful often | _____ Access to guns/weapons |

LIST CHILD'S STRENGTHS:

1. _____
2. _____
3. _____

CHILD'S WEAKNESSES:

1. _____
2. _____
3. _____