

Youth Intake Questionnaire

Instructions: To assist us in helping your your, please fill out this form as fully and openly as possible. All private information is held in strictest confidence within legal limits. If certain questions do not apply to the child, leave them blank.

Information supplied by: _____ Relationship: _____

Personal History

1) Child's Name: _____ 2) Age: _____ 3) Gender: __M__F

4) Weight: _____ 5) Height: _____ 6) Eye color: _____ 7) Hair color: _____ 8) Race: _____

9) Address

Street & Number	City	State	Zip
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10) Today's Date: _____ 11) Date of Birth: _____

12) Home Phone: _____ 13) Year in School _____

14) Has the child been involved in previous counseling?: __ Yes __ No

If Yes, please describe: _____

15) Why is the child coming to counseling?: _____

16) How long has this problem persisted (from #15)?: _____

17) Under what conditions do the problems usually get worse?: _____

18) Under what conditions are the problems usually improved?: _____

Medical History

19) Name and Address of Physician(s):

Physician's Name: _____

Address: _____

Street & Number	City	State	Zip
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Most Recent Physical Exam: _____ Results: _____

20) List any major illnesses and/or operations: _____

21) List any physical concerns occurring at present (e.g., high blood pressure, headaches, dizziness, etc.): _____

22) List any physical concerns (e.g., head trauma, seizures, etc.) experienced in the past:

23) On average how many hours of sleep does the child receive daily?: _____

24) Does the child have trouble falling asleep at night? ___ Yes ___ No
If Yes, how long has this been a problem? _____

25) Describe the child's appetite (during the past week):
_____ poor appetite _____ average appetite _____ large appetite

26) What medications (and dosages) are being taken at present, and for what purpose?: _____

Family History

27) Mother's age: _____ If deceased, how old was the child when she passed away?: _____

28) Father's age: _____ If deceased, how old was the child when he passed away?: _____

29) If parents are separated or divorced, how old was the child then?: _____

30) Number of brother(s) _____ Their ages _____

31) Number of sister(s) _____ Their ages _____

32) Child number _____ being in a family of _____ children.

33) Is the child adopted or raised with parents other than biological parents?: ___ Yes ___ No

34) Briefly describe the child's relationship with brothers and/or sisters:
Biological siblings: _____

Step and/or half siblings: _____

Other:

35) What is the family relationship between the child and his/her custodial parents?

Check all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Single parent mother | <input type="checkbox"/> Single parent father | <input type="checkbox"/> Parents unmarried |
| <input type="checkbox"/> Parents married, together | <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Parents separated |
| <input type="checkbox"/> With mother and stepfather | <input type="checkbox"/> With father and stepmother | |
| <input type="checkbox"/> Child adopted | <input type="checkbox"/> Other, describe _____ | |

36) Is there a history or recent occurrence(s) of child abuse to this child? Yes No

If Yes, which type(s) of abuse? Verbal Physical Sexual

Comments: _____

37) Parents' occupations: Mother _____ Father _____

38) Briefly describe the style of parenting used in the household: _____

Developmental History

39) Briefly describe any problems in the child's mother's pregnancy and/or childbirth:

40) Please fill in when the following developmental milestones took place:

<u>Behavior</u>	<u>Age began</u>	<u>Comments</u>
Walking	_____	_____
Talking	_____	_____
Toilet trained	_____	_____

41) List any drugs used by mother or father at time of conception, or by mother during pregnancy:

42) Please rate your opinion of the child's development (compared to others the same age) in the following areas:

	Below Average	About Average	Above Average
Social	_____	_____	_____
Physical	_____	_____	_____
Language	_____	_____	_____
Intellectual	_____	_____	_____
Emotional	_____	_____	_____

For each type of development that you rated above as *below* average, please describe current areas of concern. Be specific.

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43) List the child's three greatest strengths:

- 1) _____
- 2) _____
- 3) _____

44) List the child's three greatest weaknesses or needed areas of improvement:

- 1) _____
- 2) _____
- 3) _____

45) List the child's main difficulties at school:

- 1) _____
- 2) _____
- 3) _____

46) List the child's main difficulties at home:

- 1) _____
- 2) _____
- 3) _____

47) Briefly describe the child's friendships: _____

48) What report card grades does the child usually receive?: _____
Have these changed lately?: ___ Yes ___ No If Yes, how?: _____

49) Briefly describe the child's hobbies and interests: _____

50) Describe how the child is disciplined: _____

51) For what reasons is the child disciplined? _____

Behaviors of Concern

52) Please check how often the following behaviors occur. Those occurring FREQUENTLY or of special concern may be described on the next page.

- | | | | | |
|--------------------------------------|--------------------------------|---------------------------------|------------------------------------|-------------------------------------|
| 1) Loses temper easily | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 2) Argues with adults | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 3) Refuses adults' requests | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 4) Deliberately annoys people | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 5) Blames others for own mistakes | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 6) Easily annoyed by others | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 7) Angry/resentful | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 8) Spiteful/vindictive | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 9) Defiant | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 10) Bullies/teases others | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 11) Initiates fights | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 12) Uses a weapon | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 13) Physically cruel to people | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 14) Physically cruel to animals | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 15) Stealing | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 16) Forced sexual activity | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 17) Intentional arson | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 18) Burglary | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 19) "Cons" other people | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 20) Runs away from home | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 21) Truant at school | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 22) Doesn't pay attention to details | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 23) Several careless mistakes | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 24) Does not listen when spoken to | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 25) Doesn't finish chores/homework | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 26) Difficulty organizing tasks | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 27) Loses things | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 28) Easily distracted | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 29) Forgetful in daily activities | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 30) Fidgety/squirmy | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 31) Difficulty remaining seated | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |

32) Runs/climbs around excessively	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
33) Difficulty playing quietly	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
34) Hyperactive	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
35) Difficulty awaiting turn	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
36) Interrupts others	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
37) Problems pronouncing words	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
38) Poor grades in school	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
39) Expelled from school	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
40) Drug abuse	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
41) Alcohol consumption	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
42) Depression	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
43) Shy/avoidant/withdrawn	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
44) Suicidal threats/attempts	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
45) Fatigued	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
46) Anxious/nervous	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
47) Excessive worrying	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
48) Sleep disturbance	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
49) Panic attacks	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
50) Mood shifts	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently

53) For each of the behaviors noted on the previous page as occurring FREQUENTLY, or if it causes significant impairment, write a brief description of how it impacts the child's or other people's lives. Give examples. Use the back of this page as needed.

Behaviors of Concern

Impact on Child or Others

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

54) Briefly describe the child's ways of expressing the following emotions or behaviors:

ANGER: _____

HAPPINESS: _____

SADNESS: _____

ANXIETY: _____

55) List the child's behaviors that you would like to see change: _____

56) List the amount of time your child spends on the internet: _____

List the site that your child spends the most time on: _____

What measures do you use to monitor the internet: _____

57) Additional information you believe would be helpful _____

THANK YOU FOR YOUR TIME IN COMPLETING THIS ASSESSMENT

