



Gettysburg  
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## Child/Adolescent Patient Intake

### A. Identification

1. Child's Full Legal Name: Birthdate: Age:

Today's date:

2. Mother's name: Birthdate:

Address:

Currently employed:  No  Yes, as:

3. Father's name: Birthdate:

Address:

Currently employed:  No  Yes, as:

4. Parents are currently  Married  Divorced  Remarried  Never married  Other:

Child's custodian/guardian is:

5. Stepparent's name: Birthdate:

Address:

Currently employed:  No  Yes, as:

### B. Development

1. Describe pregnancy and delivery (complications/ problems, etc.) of patient:

- Prenatal medical illnesses and health care:
- Was the child premature?
- Any birth complications or problems?
- Any allergies for child?
- 

Weight and height at birth:

2. Describe first few months

Sleep patterns or problems:

Personality:

3. Milestones: At what age did this child do each of these?

- Crawled: • Said first words:
- Walked without holding on: • Didn't soil his or her pants:

4. 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?

**C. Health**

All current prescribed and over the counter medications:

All childhood illnesses, hospitalizations, medications, allergies, head injuries, important accidents and injuries, surgeries, periods of loss of consciousness, convulsions/seizures, and other medical conditions-

Condition	Age Treated:	By whom?	Consequences?

**D. Residences****1. Homes**

Dates From To	Location /With whom	Reason for moving	Any problems?

**2. Residential placements, institutional placements, or foster care**

Dates From To	Program name or location	Reason for placement	Problems?

**E. Schools**

Current School	Current Grade	Teacher	Average Grade(s)

Any diagnosed learning disabilities or special needs?

Describe current or former stressors at school:

**F. Special skills or talents of child**

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

**G. Current Psychological Traits and Symptoms (for how long?):**

- |   |   |
|---|---|
| <input type="checkbox"/> Affectionate   | <input type="checkbox"/> Dropping out of school   |
| <input type="checkbox"/> Argues, "talks back," smart-alecky, defiant  | <input type="checkbox"/> Drug or alcohol use  |
| <input type="checkbox"/> Bullies/intimidates, teases, inflicts pain on others, is bossy to others, picks on, provokes                                 | <input type="checkbox"/> Eating—poor manners, refuses, appetite increase or decrease, odd combinations, overeats        |
| <input type="checkbox"/> Cheats   | <input type="checkbox"/> Exercise problems  |
| <input type="checkbox"/> Cruel to animals   | <input type="checkbox"/> Extracurricular activities interfere with academics  |
| <input type="checkbox"/> Concern for others   | <input type="checkbox"/> Failure in school  |
| <input type="checkbox"/> Conflicts with parents over persistent rule breaking, money, chores, homework, grades, choices in music/clothes/hair/friends | <input type="checkbox"/> Fearful  |
| <input type="checkbox"/> Complains  | <input type="checkbox"/> Fighting, hitting, violent, aggressive, hostile, threatens to hurt self or others, destructive |
| <input type="checkbox"/> Cries easily, feelings are easily hurt   | <input type="checkbox"/> Fire setting   |
| <input type="checkbox"/> Dawdles, procrastinates, wastes time   | <input type="checkbox"/> Friendly, outgoing, social   |
| <input type="checkbox"/> Difficulties with parent's paramour/new marriage/new family  | <input type="checkbox"/> Hypochondriac, always complains of feeling sick  |
| <input type="checkbox"/> Dependent, immature  | <input type="checkbox"/> Immature, "clowns around," has only younger playmates  |
| <input type="checkbox"/> Developmental delays   | <input type="checkbox"/> Imaginary playmates, fantasy   |
| <input type="checkbox"/> Disrupts family activities   | <input type="checkbox"/> Independent  |
| <input type="checkbox"/> Disobedient, uncooperative, refuses, noncompliant, doesn't follow rules  | <input type="checkbox"/> Interrupts, talks out, yells   |
| <input type="checkbox"/> Distractible, inattentive, poor concentration, daydreams, slow to respond  | <input type="checkbox"/> Lacks organization, unprepared   |
|   | <input type="checkbox"/> Threatens to hurt self or others   |
|   | <input type="checkbox"/> Thoughts/notes about death or suicide  |

Additional symptoms or traits of concern:

The possible reasons for changes in behavior:

**H. Treatment History:** *Where treatment took place, how long it lasted, and outcome of services*

Inpatient Hospitalization:

Outpatient Therapy (weekly counseling sessions):

Partial Hospitalization :

Substance Abuse Treatment:

History of medications for psychological symptoms:

Family history of suspected or diagnosed mental health issues:

Family alcohol/drug use/abuse history:

Have you or anyone else ever expressed concern about your child's/teen's alcohol or drug use? Yes No

Has the child/teen ever carried a weapon or displayed violence resulting in injury to person or pet?

History of Department of Juvenile Services or Child Protective Services for child/teen or other children in the home?

**I: Desired Outcomes**

Parent/Guardian Goals for Treatment:

1:

2:

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Rebecca Uppercue, LCSW  
Licensed Clinical Social Worker

Date: \_\_\_\_\_

**Patient – Leave this section blank**

*This section is for Rebecca Uppercue, LCSW*

**Clinical Summary and Diagnoses:**

**Presentation/Mental Status:**

Appearance:	well groomed	unkempt	inappropriate		
Mood/Emotion:	euthymic	depressed	irritable	manic	dysthymic
Affect:	appropriate	blunted	flat	euphoric	
Speech:	fluent	slowed	mute	loud	pressured
Cognition:	oriented x 5	distracted	confused	vigilant	disoriented
Insight:	good	poor	denial	disorted	
Memory:	normal	impaired			

**Clinical Summary/Impression:**

**Treatment Recommendations:** IND/FAM sessions \_\_\_\_\_ x per month to address emotional and behavioral symptoms using \_\_\_\_\_ treatment tactics.

**DSM-V Diagnosis:**

Date: \_\_\_\_\_

Rebecca Uppercue, LCSW  
 Licensed Clinical Social Worker

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