

Amen Clinics, Inc.

Child/Teen Intake Questionnaires

Parents, in order for us to be able to fully evaluate your child or teenager, please fill out the following intake form and questionnaires to the best of your ability. We realize there is a lot of information and you may not remember or have access to all of it; do the best you can. If there is information you do not want in your child or teenagers medical chart it is ok to refrain from putting it in this information. Thank you!

PATIENT IDENTIFICATION

Name _____ First Appointment Date _____
 Birth Date _____ Age _____ Sex _____
 School _____ Grade _____
 Religion _____ Natural Mother _____
 Race _____ Natural Father _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone # _____ Parent Work # _____ (specify) mom or dad
 Who is the child currently living with? _____

REFERRAL SOURCE

Referral Source _____
 Referral Address _____ Phone # _____
 Do we have your permission to release information to the referring professional when it is appropriate?
 Yes ____ No ____

MAIN PURPOSE OF THE CONSULTATION (Please give a brief summary of the main problems)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

WHY DID YOU SEEK THE EVALUATION AT THIS TIME?

What do you want this clinic to do for your child, yourself or your family?

Name: _____

PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY

(Please include contact with other professionals, medications, types of treatment, etc.)

MEDICAL HISTORY

Current medical problems/medications: _____

Past medical problems/medications: _____

Other doctors/clinics seen regularly: _____

Any history of head trauma? (describe): _____

Ever any seizures or seizure like activity? _____

Any periods of spaciness or confusion? _____

Prior hospitalizations (place, cause, date, outcome): _____

Prior abnormal lab tests, X-rays, EEG, etc.: _____

Allergies/drug intolerances (describe): _____

Present Height _____ Present Weight _____

Current Stresses (please list current factors that are a source of stress in the family)

FAMILY HISTORY

Family Structure (who lives in the current household with the child, please give relationship to the child):

Current Marital Situation/Satisfaction of Parents _____

Family Development (include marriages, separations, divorces, deaths, traumatic events, losses, etc.)

Natural Mother's History: age _____ outside work _____

School: highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Name: _____

Natural Mother's History Continued

Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has mother ever sought psychiatric treatment? Yes ____ No ____

If yes, for what purpose? _____

Mother's alcohol/drug use history _____

Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify) _____

Natural Father's History: age _____ outside work _____

School: highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has father ever sought psychiatric treatment? Yes ____ No ____

If yes, for what purpose? _____

Father's alcohol/drug use history _____

Have any of father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify) _____

(If Applicable)

Step or Adopted Mother's History (indicate which): age _____ outside work _____

School: highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc) _____

Has step-mother ever sought psychiatric treatment? Yes ____ No ____

If yes, for what purpose? _____

Step or adopted mother's alcohol/drug use history _____

Step or Adopted Father's History (indicate which): age _____ outside work _____

School: highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc) _____

Name: _____

Step or Adopted Father's History Continued

Has step-father ever sought psychiatric treatment? Yes ____ No ____

If yes, for what purpose? _____

Step or adopted father's alcohol/drug use history _____

Siblings (names, ages, problems, strengths, relationship to patient)

CHILD'S DEVELOPMENTAL HISTORY

Prenatal events:

Parents attitude toward pregnancy _____

Conception--ease ____ planned ____ unplanned _____

Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc) _____

Birth and Postnatal period:

Birth weight ____ Length ____ Labor duration ____ Delivery: vaginal ____ C section ____ Problems _____

APGAR scores (if known) ____ Any jaundice? Yes ____ No ____ Time in hospital _____

Complications? _____

Mother's health after delivery _____

Post delivery blues ? ____ if yes, how long ? _____

Primary caretaker for child, first year _____

thereafter _____

Feeding history: breast vs bottle ____ age weaned ____ Food allergies _____

Current eating problems _____

Sleep behavior: sleepwalking, nightmares, recurrent dreams, current problems (getting up, going to bed)

Separations from mother and/or father: age, duration, reaction to _____

Toilet training: age reached bowel control: day ____ night ____ bladder control: day ____ night ____

methods used ____ ease ____ current function _____

Sexual development: gender identity _____

any problems _____

Physical/Sexual Abuse: _____

Name: _____

Motor development: (please write in age, parentheses are approximate normal limits)

rolls over (3-5m) _____ sit without support (5-7m) _____ crawls (5-8) _____
walks well (11-16m) _____ runs well (2y) _____ rides tricycle (3y) _____
throws ball overhand (4y) _____ current level of activity _____
fine and gross motor coordination _____ compared to peers _____

Language development: (please write in age, parentheses are approximate normal limits)

several words besides dada, mama (1y) _____ name several objects-ball, cup (15m) _____
3 words together--subject, verb, object (24m) _____ vocabulary _____ articulation _____
comprehension _____ compared to peers _____
any current problems _____

Social development: (please write in age, parentheses are approximate normal limits)

smile (2m) _____ shy with strangers (6-10m) _____ separates from mother easily (2-3y) _____
cooperative play with others (4y) _____
quality of attachment to mother _____ quality of attachment to father _____
relationships to family members _____
early peer interactions _____
current peer interactions _____
special interests/hobbies _____

Behavioral/Discipline: compliance vs non-compliance _____
lying/stealing _____ rule breaking _____ methods of discipline _____
other problems _____

Emotional development: early temperament _____
current personality _____
mood _____ fears/phobias _____
habits _____
special objects (blankets, dolls, etc.) _____ ability to express of feelings _____

Drug/Alcohol History: _____

School History: current grade _____ school contact _____
number of schools attended _____ average grades _____
homework problems _____
specific learning disabilities _____
strengths _____
what have teachers said about the child/teen _____

Please bring school report cards and any state, national or special testing that has been performed.

Overall Strengths -- as viewed by parents _____

Overall Strengths -- as viewed by the child/teen _____
