



## ADOLESCENT PSYCHOLOGICAL INTAKE

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Father's Education: \_\_\_\_\_ Father's Employment: \_\_\_\_\_

Mother's Education: \_\_\_\_\_ Mother's Employment: \_\_\_\_\_

### People Living In the Home

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Occupation/School</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Family Members No Longer Living at Home:

### HAVE ANY FAMILY MEMBERS (PARENTS, SIBLINGS, OTHER RELATIVES) HAD:

YES  NO School/Learning problems (Explain):

YES  NO Emotional/Behavioral Problems or Psychiatric Diagnosis (Explain):

YES  NO Drug or Alcohol Abuse/Dependency (Explain):

YES  NO Physical or Sexual Abuse; ever any reason to worry about your child in this respect? (Explain):

## EARLY DEVELOPMENT

1. Was your child adopted? \_\_\_YES \_\_\_NO

If so, please indicate the age at adoption and any important circumstances regarding the adoption process:

2. Were there any unusual circumstances surrounding the pregnancy or birth of this child, such as difficulties or risk factors during pregnancy or problems during or after delivery? \_\_\_ YES \_\_\_NO

If so, please briefly explain.

3. What developmental growth milestones do you recall in the areas of physical, language, motor, social, and intellectual development? Please indicate areas of advanced and delayed growth:

4. What illnesses or injuries has your child had? Does (s)he have chronic allergies? Is your child currently taking medications? Please mention any vision, hearing, motor or speech challenges:

## SOCIAL DEVELOPMENT

1. How does your child fit in with the family constellation, relate to siblings and parents, and affect other family members? How does (s)he get his/her needs met?

2. What type of discipline and motivational approaches are used most successfully?

3. What responsibilities does (s)he have at home?

4. What type of peers does your child prefer; does (s)he make and keep friends easily; is (s)he a follower or a leader?

5. What activities does your child enjoy?

## BEHAVIORAL/EMOTIONAL DEVELOPMENT

1. Describe your child's disposition/temperament both as a young child and at the present time:

2. What are your child's personal strengths?

3. What are your child's personal weaknesses?

4. How does your child respond to success?

5. How does your child respond to frustration, stress, and/or failure?

6. Does your child have any behaviors, habits, or traits that are unusual or of concern to you?

7. What are your goals for the present assessment?

## SCHOOL HISTORY

Name of School	City/State	Dates Attended	Grades
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In school, or outside of school, the child has:

started school early

started school late

repeated a grade

been tested individually

been suspended

seen a remedial teacher or tutor

seen a school counselor

seen a school psychologist

seen a speech pathologist

attended a special education class

**Please describe the purpose, dates and results of any of the above that you have marked:**

**What comments can you offer about your child in the following areas?**

**Achievement:**

**Self-concept:**

**Social Interaction:**

**Other important areas:**

**Child's attitude toward school:**

**Child's preferred subjects/activities at school:**

**Have you ever sought outside help for any of your child's difficulties?  
If yes, please explain:**

**Thank you for taking time to complete this questionnaire. Please feel free to make any additional comments on the back of this form that you feel are necessary for Dr. Mendelsohn to be aware of before treating your child:**

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**Signed**

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**Date**