

Anne Westcott L.I.C.S.W.

BIOGRAPHICAL INFORMATION Child/Adolescent Intake Form

Please fill out this biographical background form as completely as possible. It will help me in our work together. All information is confidential as outlined in the Office Policy form. If you do not desire to answer any question, merely write "Do not care to answer." Please print or write clearly and bring it with you to the first session.

CHILD'S NAME: _____ MALE/FEMALE: ____ DATE: _____

DATE OF BIRTH/PLACE: _____ AGE: _____

ADDRESS: _____

TELEPHONE: H: _____ W: _____ CELL: _____

GRADE: _____ SCHOOL: _____

FATHER'S NAME : _____ WORK: _____

MOTHER'S NAME: _____ WORK: _____

PERSON AND PHONE NO. TO CALL IN EMERGENCY: _____

REFERRAL SOURCE: _____

PARENT'S OCCUPATION (former. if retired): _____

ANNUAL INCOME: _____

PRESENTING PROBLEM (be as specific as you can: When did it start, how does it affect your son/daughter...):

Estimate the severity of the above problem: Mild __, Moderate __, Severe __, Very severe

—

CURRENT FAMILY STRUCTURE : (, describe structure, married, divorced, single parent, remarried, shared living arrangement...)

CHILDREN/STEP/GRAND (List members in the home, names/ages & brief statement on your son/daughter's relationship with the person)

1.

2.

3.

4.

MEDICAL DOCTOR/S (name /phone): _____

PAST/PRESENT MEDICAL CARE (major medical problems, surgeries, accidents, falls, illness, also include any known allergies):

Specify all **MEDICATION** you are presently taking and for what. **PRINT** clearly:

PAST/PRESENT DRUG/ALCOHOL USE/ABUSE (AA, NA, treatments):

SUICIDE ATTEMPT/S or **VIOLENT BEHAVIOR** (describe: ages, reasons, circumstances, how, etc)

FAMILY MEDICAL HISTORY (Describe any illness that runs in the family: cancer, epilepsy, etc):

FRIENDSHIPS, COMMUNITY, & SPIRITUALITY (Describe quality, frequency, activities, etc.):

PAST/PRESENT PSYCHOTHERAPY (specify: month year/s (beginning—end), estimated no. of sessions, name, degree, phone & address, initial reason for therapy, Ind/Couple/Family, medication, brief description of the relationship and how helpful it was, and how/why it ended):

1.

2.

3.

4. *USE OTHER SIDE OF THE PAGE FOR MORE INFORMATION ABOUT PSYCHOTHERAPISTS*

BRIEF SUMMARY OF YOUR CHILD'S HISTORY: (Relationships with parents, siblings, others, school, neighborhood, relocations, any school/behavioral/problems):

IF PARENTS DIVORCED: Child's age at the time: _____, Describe how it affected them at the time:

FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, OR VIOLENCE (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

Please help your son/daughter with these questions below as it feels appropriate to you:

What gives you the most joy or pleasure in your life:

What are your main worries and fears:

What are your most important hopes or dreams:

Please add on the other side of the page or on a separate page any other information you would like me to know about you and your situation