



Red Oaks Coping, LLC

www.redoakscoping.com

Child and Adolescent Intake Form

How did you hear about Red Oaks Coping? _____

Child's Name: _____ Date of Birth: _____

Age: _____ Gender: _____ Ethnicity: _____

Natural Child: Y N

Mother: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Highest Grade Completed: _____ Occupation: _____

Place of Employment: _____ Work Phone: _____ Cell Phone: _____

Is it okay to leave a message? Y N

E-Mail Address: _____ Religious Affiliation: _____

Relationship Status: _____

Father: _____ Date of Birth: _____

Address: _____ City, State, Zip: _____

Highest Grade Completed: _____ Occupation: _____

Place of Employment: _____ Work Phone: _____ Cell Phone: _____

Is it okay to leave a message? Y N

E-Mail Address: _____ Religious Affiliation: _____

Relationship Status: _____

Siblings: (Please indicate if they are step-siblings or adopted siblings)

First Name	Gender	Age
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In case of emergency, contact:

Name	Relationship	Phone	E-mail
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Please list any other family members (grandparents, aunts, uncles, etc.) to whom your child is or was especially close to and what they call(ed) that person:

Primary reason for seeking services:

How long has this concern persisted?

- Several days Several weeks Several months Past year
 Past two years Several years There is no concern

How did these concerns begin?

- Suddenly Over days Over weeks Over months
 Over years There is no concern

Has this concern ever been better or worse?

- Yes, better No, always the same Yes, worse Never had it before
 There is no concern

Please check all of the behaviors below that you believe your child currently exhibits to an excessive or exaggerated degree when compared to children his/her own age.

- High activity level Argumentative Withdrawn Demands attention
 Very tense Nightmares Outbursts/tantrums Frequent interruptions
 Worrisome Destructive Running away Cries easily
 Poor attention span Very competitive Impulsive Easily frustrated
 Overly shy Over/under eating Excessive fantasizing Stealing
 Aggressive Overly dependent Sexually acting out Doesn't listen to others
 Frequent physical complaints

School: _____

Grade: _____ Teacher's Name: _____

Please describe any concerns you have had about your child in school: _____

Describe your child's transition from home to pre-school: _____

Describe any major changes, crisis, etc. during the family experienced during the child's pre-school years:

Name's of child's doctor: _____

Please list any allergies (food, latex, environmental, etc): _____

Describe any previous testing (school/psychological): _____

Describe any previous psychological or psychiatric treatment: _____

Please list any medications your child is taking: _____

History of seizures: Y N

If yes, is it controlled? _____ Date of last seizure: _____

If yes, does your child have a shunt? _____ Date of last procedure: _____

How does your child cope with hard things? (check all that apply)

copes well independently and with out support

copes well with adults support

benefits from creating a plan before a stressful event needs hands on support for the entire event

not well; we just try to get through it quickly

struggles at first but will adapt once it begins

and recover after

Other: _____

Please describe any previous experiences in the medical/healthcare setting: _____

How does your child communicate pain? (check all that apply)

crying

aggression (hitting, biting, kicking, etc.)

withdraw

will identify where is hurts on his/body

will identify how severe on a scale 1-10

Other: _____

What do you see are your child's greatest strengths? _____

What are your child's preferred comfort items, favorite toys/activities, interests, etc? _____

How does your child spend time alone? _____

What does your child enjoy doing the most? _____

What does your child dislike doing the most? _____

Briefly describe any current or past school, behavior, or medical problems of any of your child's siblings:

Briefly describe any significant household moves, career decisions, marital changes, deaths, prolonged absences, etc. and their impact on the family: _____

Any additional comments or information that would be helpful for me to know? _____

Signature

Date

Relationship to the child