

**PSYCHO-SOCIAL INTAKE
(Adolescent/Child Form)**

Rev. 9/13/11

THERAPIST _____ DATE _____

Client Name _____ Case # _____

Gender _____ Date of Birth _____ Age _____

Race/Ethnic _____ County of Residence _____

Social Security Number _____ Phone # _____

Permanent Address _____

Current Placement/Address _____

Legal Guardian _____ Relationship _____

Emergency Contact _____ Phone # _____ Relationship _____

Address _____

Case Manager (Name/Agency) _____

Legal Status/Officer _____

Referral Source/Reason _____

Stated Problem (per client) (Symptoms/Duration/Severity/Frequency) _____

Referral Issue (per Family/Guardian) _____

FAMILY & SOCIAL INFORMATION

Family of Origin _____

Parents Occupations _____

Siblings _____

Current Living Condition/Household Composition and Quality of Relationships _____

Describe household composition, quality of relationships, and custody/parenting plan for Secondary Family Systems on back of page.

Support System _____

Friends/Significant Others _____

Community Interests/Involvement _____

Religious/Spiritual Involvement _____

Ethnicity/Diversity/Discrimination Impact _____

Legal System Involvement (Past/Present) _____

Interests/Hobbies _____

EDUCATIONAL & OCCUPATIONAL HISTORY

School Name _____ Location _____

Current Grade/Highest Level of Education _____

Previous Grades/Retentions _____

Completion of Proficiency Tests _____

Special Classes/GPA _____

Behavioral Problems at School _____

Extracurricular _____

Current Occupation/Employment History _____

Other Sources of Income _____

VICTIMIZATION HISTORY

Abuse: Physical _____

Sexual _____

Mental _____

Neglect _____

Domestic Violence witnessed _____

Past C.P.S. Involvement _____

C.P.S. Involvement/Worker _____

GAL or CASA Worker _____

POTENTIALLY ABUSIVE BEHAVIOR

Substance	Onset	Current	Highest	Most Recent	Tolerance/ Withdrawal
Alcohol					
Marijuana					
Cocaine					
Depressants					
Amphétamines					
Hallucinogens					
Opiates					
Inhalants					
K2, bath salts, spice					
Other					
Tobacco					
Caffeine					

Number of Sexual Partners: _____ Male: _____ Female: _____

History of Prostitution _____ History of One Night Stands: _____

History of Pathological Gambling _____

History of Abusive Eating Behaviors _____

Substance Abuse in Significant Relationships _____

Substance Abuse in Family History: _____

MENTAL HEALTH AND AOD TREATMENT HISTORY

Previous Counseling Agencies _____

Previous Treatment Goals _____

Previous Diagnoses _____

Psychotropic Previous Medications/Efficacy _____

Psychiatric Hospitalizations/Reasons _____

Bizarre Ideation History _____

Suicide History _____

Self-Mutilation _____

Homicide History _____

Current AOD Treatment: _____

#AOD Treatment Episodes: Outpatient _____ Residential _____ Rehab _____

Past AOD Treatment _____

Program of Recovery _____

Family Mental Health History _____

MEDICAL STATUS

Primary Physician (Name/Address) _____

Current Problems _____

Current Medications _____

Personal Medical History _____

Hospitalizations _____

History of Brain Trauma _____

Developmental Problems (language/mobility/social): _____

Enuresis/Encopresis _____

Sleeping Patterns _____ Onset _____ Maintenance _____

24 hour period _____ Nightmares/Night Terrors _____

Eating Patterns _____

Weight Maintenance _____

Aids in Daily Living _____

Activities of Daily Living Limitations _____

Family Medical History _____

MENTAL STATUS EXAMINATION

Height/Weight _____

Appearance _____

Grooming _____

Eye Contact/Presentation _____

Speech: Appropriate Pressured Unusual Rate: _____ Unusual Rhythm: _____ Unusual Volume: _____

Attitude: Open Responsive Guarded Defensive Malingering Varied

Oriented x3 _____

Recent Recall _____

General Fund of Knowledge: _____

Abstract Reasoning: Apple/Banana Coat/Suit Poem/Statue

Estimate of I.Q. _____

Affect (External): Congruent Incongruent Flat Constricted Appropriate

Other: _____

Mood (Internal): Varied Happy Sad Hostile Contented Irritable

Other: _____

Anxiety: None Noted Situational Only Psychomotor Agitation Hypervigilance

Other: _____

Thought Content:

Bizarre Ideation _____

Suicidal/Homicidal _____

Current Stressors _____

Coping Mechanisms _____

Other Acute Risk Factors _____

* Client strengths/assets, weaknesses/limitations, diagnostic impressions, and initial intervention goals can be found on the initial ISP/POA that has been generated as part of this diagnostic assessment.