CLIENT QUESTIONAIRRE

Child intake form, to be completed
by parent or legal guardian.

SUE MAYO, MFT
3184 Old Tunnel Road, Suite D • Lafayette, Calif. 94549

CHILD / TEEN'S NAME

PEDIATRICIAN			BIRTH DATE
ADDRESS (STREET)		CITY	ZIP CODE
MOTHER'S NAME	HOME PHONE	WORK PHONE	CELL PHONE
FATHER'S NAME	HOME PHONE	WORK PHONE	CELL PHONE
GUARDIAN'S NAME (IF NOT MOTHER / FATHER)			DAYTIME PHONE
CHECK ONE: ☐ Married ☐ Divorced ☐ Separated ☐ Unmarried	IF DIVORCED, WHO HAS LEGAL CUSTODY?		YEAR DIVORCE FINALIZED
SCHOOL NAME			SCHOOL GRADE

CHILD'S MAIN PROBLEM / MAJOR REASONS FOR SEEKING HELP NOW:

DESCRIBE ANY OTHER BEHAVIORAL OR EMOTIONAL PROBLEMS:

DESCRIBE THE IMPACT OF YOUR CHILD'S PROBLEMS ON THE FAMILY:

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DESCRIBE YOUR CHILD'S STRENGTHS AND UNIQUE QUALITIES:

DESCRIBE YOUR FAMILY STRENGTHS AND SUPPORTS (e.g., church, friends, clubs):

CHILD'S PREVIOUS TREATMENT: ☐ None

☐ Individual therapy ☐ Family therapy ☐ Inpatient ☐ Residential (overnight) ☐ Psychiatry (medication)

IF ANY, PLEASE SPECIFY THE TREATMENT FOCUS AND PROVIDER(S):

INDIVIDUALS WHO CURRENTLY LIVE WITH THE CHILD:

NAME	AGE	RELATIONSHIP	OCCUPATION / SCHOOL GRADE

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Please check the box or boxes that most closely describe your child. Please provide additional clarification as indicated.

DEVELOPMENTAL AND MEDICAL HISTORY

PREGNANCY, LABOR, DELIVERY PROBLEMS: ☐ None ______

CHILD EXPOSURE DURING PREGNANCY ☐ None ☐ Alcohol ☐ Drugs ☐ Tobacco ☐ Accident ☐ Illness

DELAYS IN DEVELOPMENTAL MILESTONES ☐ None ☐ Talking ☐ Walking ☐ Toilet training

Specify: ______

BABY/INFANT BEHAVIOR

☐ Ate well ☐ Easy to soothe ☐ Wanted to be left alone
☐ Colicky ☐ Easy to regulate (sleep, eat) ☐ Dare-devil behavior
☐ Clumsy ☐ Adaptable to transitions ☐ Head banging
☐ Other: ______

MEDICAL PROBLEMS

☐ Allergies ☐ Operations ☐ Convulsions
☐ Asthma ☐ Poisoning ☐ Bladder / bowel problems
☐ Head injury ☐ Serious infection ☐ Ear infections
☐ Other: ______

CURRENT MEDICATIONS: ______

PSYCHOSOCIAL HISTORY

SOCIAL SKILLS WITH PEERS ☐ Poor ☐ Average ☐ Good ☐ Unknown
BEHAVIOR WITH SIBLINGS ☐ Poor ☐ Average ☐ Good ☐ N/A
BEHAVIOR WITH PARENTS / GUARDIANS ☐ Poor ☐ Average ☐ Good ☐ Unknown

DISCIPLINE STRATEGIES ☐ Verbal reprimands / discussions ☐ Remove privileges
☐ Helpful most of the time ☐ Physical punishment ☐ Time out
☐ Not helpful most of the time ☐ Grounding ☐ Reward / incentives

EXERCISE PER *WEEK* (average hours) ☐ 0 ☐ 1 ☐ 2 – 3 ☐ 4 or more
MEDIA USE PER *DAY* (average hours) (e.g., video games, computer, television) ☐ 0 ☐ 1 ☐ 2 – 3 ☐ 4 or more
SLEEP PER *NIGHT* (average hours) ☐ less than 5 ☐ 6–7 ☐ 8 – 10 ☐ 11–12

CHILD ABUSE ☐ None ☐ Physical ☐ Sexual ☐ Emotional ☐ Neglect

PENDING LEGAL ACTION ☐ No ☐ Yes: ______

JUVENILE JUSTICE INVOLVEMENT ☐ No ☐ Yes: ______

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EDUCATIONAL HISTORY

ACADEMIC PERFORMANCE	☐ Poor	☐ Average	☐ Good	☐ Unknown
PROFICIENCY / “STAR” TESTING	☐ Poor	☐ Average	☐ Good	☐ Unknown

ACADEMIC SERVICES

- ☐ Home study
- ☐ Independent study
- ☐ Continuation school
- ☐ Gifted program
- ☐ Speech therapy
- ☐ Resource classes / special education
- ☐ Individualized Education Plan (IEP)

SCHOOL PROBLEMS

- ☐ Learning problems
- ☐ Works hard, but does not do well
- ☐ Repeated grade (grade: ________)
- ☐ Frequent discipline referrals or detention
- ☐ Suspensions / expulsions (#: ________)
- ☐ Other school problems: ________________________________

____

Please check who of the child’s *biological* family members had these conditions in the past or present.
Please specify other biological relatives (aunt, uncle, grandparent) in the “OTHERS” column.

	MOTHER	FATHER	SIBLING	OTHERS (SPECIFY)
Childhood aggression, defiance	☐	☐	☐	
Childhood inattention, over-activity, and poor impulse control	☐	☐	☐	
Learning disabilities	☐	☐	☐	
Did not graduate high school	☐	☐	☐	
Developmental delays	☐	☐	☐	
Schizophrenia or psychosis	☐	☐	☐	
Depression (2+ weeks), mood swings, or bipolar disorder	☐	☐	☐	
Anxiety or OCD	☐	☐	☐	
Tics / Tourette’s	☐	☐	☐	
Alcohol or drug abuse	☐	☐	☐	
Antisocial (assaults to family and others, thefts, criminal, arrests)	☐	☐	☐	
Physical, sexual, emotional abuse	☐	☐	☐	

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Please mark "Yes" or "No" to indicate if the following areas are *currently* problematic for your child/teen.
If you indicate "Yes," please mark which symptoms in the problem area *frequently* occur.

INATTENTION, HYPERACTIVITY, OR IMPULSIVITY: ☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Makes careless mistakes or does not pay attention to details
- ☐ Problems sustaining attention
- ☐ Does not listen when spoken to directly
- ☐ Does not follow through on instructions or complete work
- ☐ Problems organizing tasks and activities
- ☐ Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork)
- ☐ Loses things easily
- ☐ Forgetful
- ☐ Fidgets with hands or feet or squirms in seat
- ☐ Leaves classroom or other seat inappropriately
- ☐ Excessively runs about, climbs, or is restless
- ☐ Difficulty playing quietly
- ☐ Always "on the go"
- ☐ Talks excessively
- ☐ Blurts out answers to questions
- ☐ Difficulty awaiting turn
- ☐ Interrupts or intrudes on others

At what age did these problems begin? ____________

OPPOSITIONAL OR DEFIANT BEHAVIOR: ☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Blames others for own mistakes
- ☐ Angry or resentful
- ☐ Touchy or easily annoyed by others
- ☐ Defies authority figures' requests or rules
- ☐ Argues with adults
- ☐ Deliberately annoys people
- ☐ Loses temper
- ☐ Desire to hurt others or get revenge

At what age did these problems begin? ____________

FEELING SAD, DEPRESSED, OR IRRITABLE: ☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Depressed or irritable mood much of the time
- ☐ Decreased interest or pleasure in activities
- ☐ Increased / decreased appetite
- ☐ Problems sleeping
- ☐ Increased / decreased physical activity
- ☐ Fatigue or loss of energy
- ☐ Feeling worthless or excessively guilty
- ☐ Problems thinking, concentrating, or being indecisive
- ☐ Recurrent thoughts of death or suicide
- ☐ Self-harm or self-injurious behaviors (e.g., cutting)

At what age did these problems begin? ____________

EXCESSIVE WORRY, FEAR, OR AVOIDANCE: ☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Excessive anxiety or worry (about past behaviors, future events, competence)
- ☐ Phobia or extreme fear
- ☐ Excessive fear of social situations or public speaking
- ☐ Avoids social situations or public speaking
- ☐ Avoids or refuses to go to school
- ☐ Persistent worry about harm to family members
- ☐ Excessive distress when separated from family
- ☐ Persistent refusal to sleep alone
- ☐ Repeated nightmares about separation from family

At what age did these problems begin? ____________

PANIC (PERIOD OF EXTREME FEAR/DISCOMFORT): ☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Unrealistic concern about past behavior
- ☐ Palpitations, pounding heart, accelerating heart rate
- ☐ Sweating
- ☐ Trembling or shaking
- ☐ Sensations of shortness of breath
- ☐ Feeling of choking
- ☐ Chest pain / discomfort
- ☐ Nausea / abdominal distress
- ☐ Feeling dizzy, unsteady, lightheaded, faint
- ☐ Feelings of unreality or being detached from oneself
- ☐ Fear of losing control or going crazy
- ☐ Fear of dying
- ☐ Numbness or tingling sensations
- ☐ Chills or hot flashes

At what age did these problems begin? ____________

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MOOD OR AGGRESSIVE BEHAVIOR PROBLEMS: ☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Excessive mood swings
- ☐ Aggressive behavior
- ☐ Explosive temper
- ☐ Racing thoughts
- ☐ Violent nightmares

At what age did these problems begin? ____________

CONDUCT PROBLEMS: ☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Bullies, threatens, intimidates others
- ☐ Initiates physical fights
- ☐ Used an object as a weapon
- ☐ Physically cruel to people
- ☐ Physically cruel to animals
- ☐ Stolen while confronting a victim
- ☐ Forced someone into sexual activity
- ☐ Deliberate fire setting
- ☐ Deliberately destroyed others' property
- ☐ Broken into someone's house, building, car
- ☐ Lies to obtain goods / favors or avoid obligations
- ☐ Stolen items of nontrivial value without confronting victim
- ☐ Stays out at night without parent permission
- ☐ Ran away overnight twice
- ☐ Truant from school

At what age did these problems begin? ____________

EATING OR WEIGHT PROBLEMS: ☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Fear of gaining weight or being fat
- ☐ Excessively restricts food intake
- ☐ Binges on food
- ☐ Self-induced vomiting, laxative use, or enema use
- ☐ Excessive exercise
- ☐ Inaccurate perception of one's body

At what age did these problems begin? ____________

SOCIAL AND DEVELOPMENTAL PROBLEMS: ☐ **No** (skip to next section) ☐ **Yes** (complete items below)

- ☐ Repetitive motor movements
- ☐ Overreacts to changes in routine
- ☐ Abnormal speech
- ☐ Poor eye contact
- ☐ Reacts excessively to noise or touch
- ☐ Abnormal social behavior
- ☐ Teacher reports social problems
- ☐ Extremely restricted interest or activities
- ☐ Lack of interest in other children

At what age did these problems begin? ____________

Please mark "Yes" or "No" to indicate if the following areas are *currently* problematic for your child/teen.
If you indicate "Yes," please provide a brief description of the problem.

Self-injury, suicidal thoughts, homicidal thoughts: ____________ ☐ No ☐ Yes

Alcohol or drug use: ____________ ☐ No ☐ Yes

Exposure to traumatic event: ____________ ☐ No ☐ Yes

Hearing or seeing things that others do not: ____________ ☐ No ☐ Yes

Tics: ____________ ☐ No ☐ Yes

Repetitive thoughts or impulses: ____________ ☐ No ☐ Yes

Repetitive behaviors: ____________ ☐ No ☐ Yes