UNIVERSITY of MARYLAND CHILDREN'S HOSPITAL

The Care Clinic
520 W. Lombard St, Gray Hall, Ground Floor
Baltimore, MD 21201

Child/Adolescent Intake Form

This information is needed to help us get to know your child. Please answer all the questions that best that you can. Let us know if you have any questions. Thank you!

Child/Adolescent Name:	Birth Date:	Today's date:
Your Name:	Relationship to child:	
Who told you about the Care Clinic?		Phone:

Presenting Issues:

Trauma History: (mark all that apply)

☐ Physical abuse
☐ Neglect
☐ Accidents
☐ Community violence
☐ Sexual abuse
☐ Exposure to domestic violence
☐ Natural disasters
☐ Other: _____

Description: _____
_____
_____
_____

Other stressful life events: (mark all that apply)

☐ Divorce of parents
☐ Frequent moves
☐ Poverty
☐ Separation/Loss
☐ Homelessness
☐ other:_____

Description: _____
_____
_____
_____

Symptoms: (mark all that apply)

☐ Physical complaints
☐ Mood disturbance
☐ Nightmares
☐ Changes in appetites
☐ Aggression to self/others/property
☐ Suicidal ideation
☐ Enuresis/encopresis
☐ Sexual behaviors
☐ Anger/irritability
☐ Fear/worries/anxiety
☐ Sleep problems
☐ Flashbacks/intrusive thoughts or memories
☐ Self-harm behaviors
☐ Problems with relationships/social skills
☐ School problems
☐ Other: _____

When did these problems start?_____
Describe problems: _____
_____

What copings skills and interests does the child have? _____

What are the child's strengths and supports? _____

What are the child and family's goals for their treatment? _____

Psychosocial History:

Pregnancy was: ☐ planned ☐ unplanned Pregnancy lasted: _____ weeks
☐ normal ☐ complications (#)

If complications, describe: _____

Mother's health during pregnancy:
☐ Normal (no concerns) ☐ Used alcohol/drugs ☐ On bed-rest ☐ Other

Describe: _____

Child was delivered: ☐ Vaginally ☐ C-Section

Birth weight: _____ lbs, _____ oz. Birth length: _____ inches

Age at which child…
Said first word: _____ Started speaking in sentences: _____
Started crawling: _____ Started walking: _____
Was toilet-trained: _____

Any issues with the above? Describe: _____

Sleep habits…
Time that child usually… goes to sleep: _____ wakes up: _____
Sleep concerns: ☐ Trouble falling asleep ☐ Wakes up at night ☐ Nightmares
Describe: _____

Eating habits…
Child eats _____ meals each day ☐ Snacks frequently
(#)

Any food allergies: _____
Other eating concerns: _____
_____

How does your child tend to their hygiene (i.e. brushing teeth, bathing, toileting, etc) and chores?
☐Excellent ☐ Good ☐ Poor: Explain:_____
_____
_____

How is the child's health? ☐Excellent ☐ Good ☐ Poor: Explain:_____
_____
_____

Does the child take any medications: ☐No ☐Yes: list _____
_____

List any significant illnesses/injuries that the child has had: _____
_____
_____
_____

Previous counseling/therapy for child: _____
_____
_____
_____

Grade in School: _____ Name of School:_____
List any special school services received: _____
Child has… ☐ skipped a grade ☐ held back a grade List:_____
Describe any school problems or successes: _____
_____
_____
_____

How does the child get along with others: ☐ Better than average ☐ Average ☐ Worse than average
Describe: _____
_____

Does the child have any other legal involvement (this includes custody issues/visitation agreement)?
☐No ☐Yes If yes, please explain _____
_____

List any other concerns: _____
_____
_____

Family History:

Please list all the people who are close to the child.

Name	Relationship to child	Age/DOB	Live with child?

Family medical history: _____

_____

_____

_____

Family psychiatric/substance abuse history: _____

_____

_____

_____

Family legal history (include any reported/suspected child abuse/neglect and CPS involvement): _____

_____

_____

Parent(s) employment/educational history (i.e. highest degree earned, type of work, etc): _____

_____

_____

Other important family information: _____

_____

_____

_____

_____

By signing below, you affirm that the above, to the best of your knowledge, is truthful and correct.

_____ _____

Signature & Relationship to child (e.g., parent, foster-parent, social worker, etc.) Date