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Child Intake Form

Patient Information

Name: \_\_\_\_\_ Likes to be called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Family Information

Parents are:  Married  Never Married  Living Together  Separated  Divorced

Mother's name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip code

Home tel: \_\_\_\_\_ Work tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_ How often do you check? \_\_\_\_\_

Mother's Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Who lives at this address?

Name Age Relationship If in the home part time explain the schedule \_\_\_\_\_

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Father's name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip code

Home tel: \_\_\_\_\_ Work tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_ How often do you check? \_\_\_\_\_

Father's Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Who lives at this address?

Name Age Relationship If in the home part time explain the schedule \_\_\_\_\_

Custody (if parents are legally separated or divorced)

Decision Making: \_\_\_\_\_ (Joint, Sole-self, Sole-other parent)

Parenting Schedule: \_\_\_\_\_

Date of last orders: \_\_\_\_\_ Final or Temporary (circle one)

Are you currently engaged in litigation? (Have any motions been filed? Hearing dates set?) \_\_\_\_\_

If yes, please explain:

From your perspective how did parents' separation or divorce affect your child?

Health History

Child's physician: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Tel: \_\_\_\_\_ Date of last physical: \_\_\_\_\_

Current Medications	Dosage	Condition	Prescribing Dr
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Does your child have any chronic health conditions? \_\_\_\_\_ If yes, please explain.

Has your child had any surgeries or hospitalizations, including psychiatric or chemical dependency? \_\_\_\_\_  
If yes, please list (include date, name and location of facility, and reason for hospitalization).

Has your child been affected by alcohol or drugs (used personally or by friends, parents, siblings, grandparents, and/or any other relative)?

Pregnancy (Please provide information – full term/preterm birth, details of any concerns at birth)

Describe the birth of your child.

Sleep

Infancy:

Toddler:

Preschooler:

Elementary school years:

Currently:

Appetite

Infancy: (Note if there were feeding difficulties)

Toddler:

Preschooler:

Elementary school years:

Currently:

Education

At what age did your child begin attending day care, preschool or kindergarten?

How did your child respond to separations from parent(s)?

How does your child do, interacting with peers?

What feedback have you received from teachers about your child?

Strengths

Weaknesses

Concerns

Describe your child's attitude about going to school.

How is your child doing academically/grades?

How does your child deal with homework?

Has your child ever been evaluated for special services through schools or privately?

Does your child have an IEP (Special Education, Accommodations)?

Mental Health Issues/Treatment

Has your child ever seen a Counselor, Therapist, or Child Psychiatrist? (If yes, please provide dates, names and locations)

Has your child ever been tried on any medications for behavioral, mood, anxiety or attention issues? (If yes, please list the medications)

Has your child ever expressed thoughts that he/she wished to be dead?  Yes  No

Please describe your child's relationship with Mother.

Please describe your child's relationship with Father.

Please describe your child's relationship with Siblings.

Please describe your child's relationship with Peers.

Concerns (Please place a "C" beside "current" and "P" beside "past" concerns that have been resolved)

- Sad  Excessive crying  Mood swings  Angry  Low Frustration Tolerance
- Low Energy  Explosive Rage  Lying  Hyperactive  Smoking  Drinking
- Drugs  Hygiene  Loner  Easily influenced by peers  Procrastination
- Motivation  Loss of interest in activities previously enjoyed  Sleeps excessively
- Insomnia  Physical complaints  Cutting/Carving  Skin picking  Disorganized
- Aggressive behavior  Problem solving skills  Refuses to accept responsibility for actions
- Sexual behavior  Inability to consider consequences of actions  Avoidant behavior
- Excessive involvement in video games  Difficulty understanding the meaning of concepts

Additional Information

Have there been any major changes/stressors recently that have affected your child and/or your family? Please explain.

Is there any other information that you would like to share about your child or family that might be helpful in understanding your child?

