

**Calm4Kids Therapy Center, LLC
514 Main Street
Bradley Beach, NJ 07720**

Intake Assessment Form

Presenting Problem (Reasons for Assessment and Therapy):

Concerning Behaviors:	Age Began:	Frequency:	Duration:
Concerning Thoughts:			
Concerning Emotions:			
Concerning Relationships:			
Safety Issues:			

Past Psychiatric or Therapeutic History (For Child):

Diagnosis	Age	Type/Location of Treatment	Outcome of Treatment

Past Psychiatric History (For Immediate and Extended Family Members):

Diagnosis	Age	Type/Location of Treatment	Outcome of Treatment

Trauma History:

Type of Trauma	Age	Impact on Child

Medical History:

Medical Condition	Age	Type/Location of Treatment	Outcome of Treatment

Medications (Include Prescription and Over the Counter Meds/Supplements):

Type of Medication	Dosage/Frequency	Reason for Taking

Substance Use (For Child):

	Yes/ No	Age Began	Frequency/Duration	Negative Impact of Use
Alcohol				
Drugs				
Tobacco				
Other				

Family History (Describe Family in Household and Extended Family if Applicable):

Name	Age	Relationship to Child	Occupation	Type of Relationship (Close, Strained, Fight A Lot etc.)

Social History:

Sports or Athletics Child Participates In (Competitive and Leisure)	
Favorite Hobbies, Activities, Games, Toys (Other Than Sports)	
Organizations, Clubs, Groups Child Belongs To	
Jobs or Chores	

Friendships and Play:

Is it easy or difficult for your child to make and keep friendships? Explain why?

About how many close friendships does your child have?

How does your child handle conflict with friends or other children?

What are your child's strengths in social situations?

About how many times a week does your child play with other children outside of school hours? What do the children do?

Does your child spend more time playing with technology or with toys/non-electronic games?

Does your child engage in pretend play? What is the typical storyline of the play?

What does your child do to entertain him/herself when alone?

Is your child able to transition from play to non-preferred activities?

Developmental History:

Milestone	Approximate Age	Difficulties
Crawl		
Walk		
Talk		
Sleep In Own Bed		
Tantrum		
Potty trained		
Other:		

Educational History

Name of School	Grade Level
Support Services (Special Ed, Speech etc)	Performance (Report Card, Tests etc.)

Legal History

	Date	Outcome
Child Protective Services		
Custody		
Other		

Below is a list of items that can apply to children. For each item please circle 0, 1, or 2 based on the descriptions below.

0=Not True as Far as I Know 1= Somewhat or Sometimes True 2=Very True or Often True

0 1 2	Doesn't eat well	0 1 2	Acts too young for his/her age
0 1 2	Doesn't get along with other kids	0 1 2	Argues a lot
0 1 2	Doesn't feel guilty about misbehavior	0 1 2	Fails to finish things started
0 1 2	Easily jealous	0 1 2	Very little he/she enjoys
0 1 2	Breaks rules purposely	0 1 2	Can't concentrate/pay attention
0 1 2	Fears certain animals, situations, places (phobias)	0 1 2	Can't get mind off certain thoughts (obsessions)
0 1 2	Doesn't want to go to school	0 1 2	Can't sit still, restless or hyperactive
0 1 2	Worries about doing something bad	0 1 2	Clings to adults/ too dependent
0 1 2	Feels he/she has to be perfect	0 1 2	Complains of loneliness
0 1 2	Feels/complains no one loves him/her	0 1 2	Confused or seems to be in a fog
0 1 2	Feels other are out to get him/her	0 1 2	Cries a lot
0 1 2	Feels worthless or inferior	0 1 2	Cruel to animals
0 1 2	Gets hurt a lot/accident prone	0 1 2	Cruel to other kids/bullies others
0 1 2	Gets in physical fights	0 1 2	Daydreams/lost in thoughts
0 1 2	Gets teased a lot	0 1 2	Deliberately harms self
0 1 2	Hears or sees things that aren't there (hallucinations)	0 1 2	Demands a lot of attention
0 1 2	Impulsive or acts without thinking	0 1 2	Destroys his/her things
0 1 2	Would rather be alone	0 1 2	Destroys things that belong to others
0 1 2	Tells lies	0 1 2	Disobedient at school
0 1 2	Cheats at games or in school	0 1 2	Disobedient at home
0 1 2	Bites fingernails	0 1 2	Nervous, high strung or tense
0 1 2	Lacks confidence	0 1 2	Is critical of self/afraid of mistakes
0 1 2	Avoids stressful situations	0 1 2	Blames others for own mistakes
0 1 2	Tries too hard to please others	0 1 2	Trouble apologizing/making amends
0 1 2	Trouble accepting consequences	0 1 2	Trouble keeping commitments

0 1 2	Has twitches or tics	0 1 2	Afraid to try new or hard things
0 1 2	Has nightmares	0 1 2	Shows off or clowns around a lot
0 1 2	Has difficulty sleeping	0 1 2	Too shy or timid
0 1 2	Not liked by other kids	0 1 2	Inattentive/ easily distracted
0 1 2	Fearful or anxious	0 1 2	Difficulty asking others to play
0 1 2	Overtired without good reason	0 1 2	Steals at home or other places
0 1 2	Has headaches	0 1 2	Stubborn, sullen or irritable
0 1 2	Feels nausea (when not sick)	0 1 2	Sudden changes in moods/feelings
0 1 2	Has unexplained aches/pains	0 1 2	Sulks or whines a lot
0 1 2	Physically attacks people	0 1 2	Swears/ uses obscene language
0 1 2	Picks nose, skin or pulls hair out	0 1 2	Talks about killing self
0 1 2	Poorly coordinated/clumsy	0 1 2	Cuts self
0 1 2	Prefers being with older kids	0 1 2	Unhappy, sad, depressed
0 1 2	Prefers being with younger kids	0 1 2	Talks too much
0 1 2	Refuses to talk	0 1 2	Has difficulty compromising
0 1 2	Worries a lot	0 1 2	Tantrums or has hot temper
0 1 2	Runs away from home	0 1 2	Threatens people
0 1 2	Screams a lot	0 1 2	Sucks thumb or other objects
0 1 2	Secretive (keeps things to self)	0 1 2	Lacks energy
0 1 2	Self conscious or easily embarrassed	0 1 2	Repeats certain acts over and over (compulsions)
0 1 2	Teases others a lot	0 1 2	Withdrawn/doesn't interact with kids
0 1 2	Has trouble making/keeping friends	0 1 2	Has trouble following directions
0 1 2	Has trouble problem solving	0 1 2	Doesn't know how to calm self
0 1 2	Is overly competitive or sore loser	0 1 2	Has difficulty sharing
0 1 2	Interrupts others or has difficulty listening	0 1 2	Has difficulty expressing thoughts or feelings
0 1 2	Has a negative outlook	0 1 2	Thinks or speaks poorly of self

Please list any problems your child has that were not listed above: