Blue Umbrella Psychiatry
6100 Griffin Rd. 2nd Floor
Davie, FL - 33314-4416

**2027 Child/Adolescent Intake for Therapy

Child/Adoloscent Intake for Therapy

To be completed by parent of caregiver
Please try to share as much information as possible – We will go over any additional information in session.

FAMILY STRUCTURE

Father

Name: *

DOB: *

Education: *

Employer/Occupation: *

Marital Status: *

Length of marriage: *

Mother:

Name *

DOB *

Education *

Employer/Occupation: *

Marital Status *

Length of marriage: *

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Siblings

Siblings (Indicate age, gender, if natural/half/step, and place of residency) *

Others Living at Home? (Indicate age, sex and relationship) *

Please list and discuss current problems

1) *

age started: *

2)

age started:

3)

age started:

Additional Comments: *

Child/Adolescent Developmental Background Information

How would you describe early childhood? *

Developmental Milestones (Please include any information about eating, walking, talking, toilet training, sleeping that may be relevant) Normal? Delayed? If delayed, please Explain *

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Medical History: *

Family Relationships

(Please describe in most detail each relationship in the family)

Relationship with father: *

Relationship with mother: *

Relationship with step-parent if applicable. if not write N/A *

Relationship with siblings: if not write, N/A *

Discipline Methods:

Who disciplines at home? *

Are rules followed? *

Do parents/caregivers agree on rules? *

Additional information about rules at home: *

Family History

Is there any family history of? .....

Alcohol / Substance Use? *

Psychological/ Psychiatric problems? *

Violence? *

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School - Social History

Does child attend school? *

grade? *

Describe academic performance? *

Describe relationship with peers? *

Any additional information that can help better understand child school/social life *