



Dr. Patricia Barr, Clinical Psychologist

Child Intake Form

Today's Date: _____

Child's Name: _____ DOB: _____

Address: _____

Parent 1: name, age, occupation _____

Parent 2: name, age, occupation _____

Parent Cell phone: _____ OK to call? _____

Emergency Contact Person: _____

Racial/Ethnic Identity(s): _____ Faith/religion: _____

School : _____ Grade: _____ Teacher: _____

Family Situation: _____

Who other than parent(s) lives in home with child? (names, ages) _____

Primary Care Physician: _____

Phone: _____ Fax _____

Child's medical condition and medications/treatments: _____

Current medications (name, dosage, when began, who prescribed): _____

Summary of Previous Therapy, Psychiatric Hospitalizations:

Please list stresses, losses, and changes for your child over the past year:

What are your child's strengths, sources of happiness, best personal connections (positives in life)?

What are the major problems for your child that you want therapy to help with?

How are these problems affecting the family and others?

What seems to make the problems worse?

What seems to help the problems?

Why are you seeking help now, rather than earlier?

What changes do you hope for? If therapy is successful, how will you know?

Please feel free to add other comments or information you think would be helpful: