

**Allana Danduran Psychotherapy Services  
Allana Danduran, MSW, LICSW**

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**Intake Information (Child / Adolescent)**

The following information to be completed by parents or guardians

Name: \_\_\_\_\_ Date: \_\_\_\_\_

First

Last

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Please describe the reason for your visit today: \_\_\_\_\_

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When did these concerns begin? \_\_\_\_\_

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What has made them better? \_\_\_\_\_

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What has made them worse? \_\_\_\_\_

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Check the box that best describes your child’s behavior over the past 6 months (check all that apply):

	Never (0)	Occasionally (1)	Often (2)	Past allly (1)
Is sad / unhappy				
Is easily embarrassed				
Feels different from peers				
Is overly concerned about health / body image				
Feels useless or inferior				
Feels lonely, unwanted or unloved; makes comments that “no one loves me”				
Blames self for problems, has excessive guilt				
Has decreased interest or pleasure in all or most previously enjoyed activities				
Has made comments like “I wish I were dead”.				
Has disclosed suicidal ideation or plan				
Has distinct periods of unusually irritable mood				
Has distinct periods of unusually cheerful mood (different from normal)				
Is stubborn or strong willed / can be emotionally overwhelming				
Hears voices others do not hear or sees things others do not see				
Has frequent nightmares or night terrors				
Has recurrent thoughts or nightmares of a traumatic event				
Is fearful, anxious or worried				
Is afraid of making mistakes / trying new things				
Is rigid or “gets stuck”				
Experiences excessive distress when away from parents				
Has difficulty with transitions or unexpected change				

	Never (0)	Occasion ally (1)	Often (2)	Past ally (1)
Has compulsions (ie: hand washing, checking, counting)				
Has obsessions (persistent repetitive thoughts)				
Notices if things are moved or out of place				
Appears to have phobias or avoids specific people, animals, or situations.				
Has tantrums or meltdowns (less than 30 minutes)				
Has prolonged tantrums or meltdowns (greater than 30 minutes)				
Argues with others (including adults)				
Refuses to listen to adults / actively disobeys adults				
Loses temper easily				
Is easily annoyed by others				
Is angry / bitter				
Is hateful / vengeful (wants to get even)				
Bullies others				
Starts physical fights with siblings or peers				
Blames others for their mistakes / misbehaviors				
Lies to get out of trouble or avoid work				
Has hurt animals on purpose				
Has started fires on purpose				
Has damaged or broken property on purpose				
Has broken into a property that they did not have access to				
Has run away from home				
Has self-harmed (cutting, burning, hair pulling, hitting)				
Has experimented with drugs or alcohol				
Has overdosed on drugs or alcohol				

	Never (0)	Occasion ally (1)	Often (2)	Past ally (1)
Has difficulties getting along with peers				
Has difficulties getting along with adults				
Has difficulties in group settings / activities				
Has difficulty participating in quiet activities				
Is impulsive / reckless (does things without thinking)				
Has difficulty waiting their turn				
Interrupts or blurts out answers				
Talks too much, is often making noises or repetitive sounds				
Is loud (talks loud, listens to the tv or music loud etc.)				
Is easily distracted / forgetful in activities				
Is fidgety / has a difficult time staying seated				
Has a lot of energy, is on the go or acts as if driven by a motor				
Is forgetful and often loses things				
Has difficulty with organization / paying attention to details				
Doesn't seem to listen or hear when spoken to				
Has a difficult time following through with multiple step directions				

### Background Information

Current Living Situation (please check all that apply):

Apartment       House       Multiple Homes       Other

If multiple homes, specify time spent at each home: \_\_\_\_\_

Others Living with you (please check all that apply):

Biological mother       Biological Father       Relative (specify) \_\_\_\_\_

Adoptive Parents (relative)       Adoptive Parents (non relative)

Foster Parents      How long has your child been in foster care? \_\_\_\_\_

Other (specify) \_\_\_\_\_

Legal Guardian, if not parents: \_\_\_\_\_

Has your family experienced legal or Social Services involvement?  Y  N

Please specify:  Past  Current  Child  Other family member

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list everyone that currently lives in your household:

Name	Relationship	Age	Education	Occupation

Please list everyone that currently lives in a second household:

Name	Relationship	Age	Education	Occupation

Please list immediate family members residing outside the family home:

Name	Relationship	Age	Education	Occupation

## School History

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Main Teacher or Contact Name: \_\_\_\_\_

Please list any previous schools attended and years at each: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your child's strengths and weaknesses in their schoolwork: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child enjoy school?  Y  N

Does your child have trouble with rules at school?  Y  N

Does your child get along with his/her teachers?  Y  N

Has your child received disciplinary action at school?  Y  N (if yes, explain)

\_\_\_\_\_

\_\_\_\_\_

Has your child received any testing at school?  Y  N

Does your child have an IEP or 504 Plan?  Y  N

Has your child been diagnosed with a learning disability?  Y  N (if yes, explain)

\_\_\_\_\_

How many days in the past year has your child missed or skipped school? \_\_\_\_\_

Explain: \_\_\_\_\_

Please list any other issues your child has currently or in the past at school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Family History

Has your child ever participated in therapy before?  Y  N

If yes, please list where and when: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has anyone else in your family participated in therapy before?

[ ] Y [ ] N

If Yes, please list where and when: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check all that apply past or current:

	Anxiety	Depression	OCD	Bipolar Disorder	ADD/ADHD	Suicide Attempts	Addiction
Mother							
Father							
Sister							
Brother							
Paternal half-sibling							
Maternal Half-sibling							
Maternal Grandmother							
Maternal Grandfather							
Paternal Grandmother							
Paternal Grandfather							
Maternal Aunt / Uncle							
Paternal Aunt / Uncle							
Other							

Please describe any major changes, trauma or stressors in your child's life (for example family conflict, deaths, recent moves, family illness, birth or a sibling): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any major changes or stressors expected in the near future: \_\_\_\_\_

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Briefly describe any important issues parents experienced growing up: \_\_\_\_\_

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Please indicate areas of abuse your child has encountered: (  Not applicable )

	Past	Current
Physical Abuse		
Verbal Abuse		
Emotional Abuse		
Sexual Abuse		

Please list any series medical concerns you have had with your child currently or in the past (including surgeries): \_\_\_\_\_

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Please list any chronic illnesses / disabilities: \_\_\_\_\_

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Please list any medications your child currently takes, dosage and reason prescribed: \_\_\_\_\_

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Religious Affiliations: \_\_\_\_\_

Spiritual involvement: \_\_\_\_\_

Religious/Spiritual preferences: \_\_\_\_\_



Ethnic background: \_\_\_\_\_

List any customs or beliefs of your culture that are important to you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Client Expectations**

What do you hope to gain from therapy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you think you will know when you have met your therapy goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long do you expect to participate in therapy? \_\_\_\_\_