

CHILD INTAKE FORM

If necessary, please use additional pieces of paper, and attach them.

Date _____

Child's Full Name _____ D.O.B. _____ Age _____

Mother's Full Name _____ D.O.B. _____ Age _____

Father's Full Name _____ D.O.B. _____ Age _____

Parents: Married ___ Unmarried ___ Live Together ___ Live Separately ___

Family address (or mother's if parents live separately)

_____ street _____ city _____ zip

phone: home _____ work _____ cell _____

Fax: _____ email _____

Father's address and phone(s) if different from mom's:

_____ street _____ city _____ zip

phone: home _____ work _____ cell _____

Fax: _____ email _____

Who referred you to me? _____

Current physical, developmental challenges for child:

Current emotional/relationship challenges for child:

Child's Name _____

Primary concerns of parents, and intention in coming for sessions:

Conception

Was baby planned? _____ Wanted? _____

Conception - normal _____ in vitro _____ Insemination _____ other _____

If known, was the baby conceived whilst either parent was using alcohol or drugs? Anything else you want to tell me about what was going on around conception:

Discovery

Mom's and dad's attitude toward baby upon discovering pregnancy:

If baby was not wanted, was abortion considered by either parent? _____
Attempted? _____ If yes, give circumstances including timing during pregnancy:

Child's Name _____

Pregnancy

Mom's health (or health challenges and medications taken), and diet and exercise during pregnancy, and attitude toward developing child:

Dad's attitude toward developing child and support (or lack of support) of mom:

Nature of support system in larger community and attitude of these people toward pregnancy (eg parents, friends, etc):

Nature of parent's relationship with each other, and as parents to be:

Did either parent smoke or use recreational drugs? _____ If yes, who and how much:

How often do parents drink alcohol? _____ How often did mom drink and how much at a time during pregnancy?

Child's Name _____

Describe any stresses during pregnancy (eg illness or death of friend, parent, etc; strained relationship between mom and dad; absence of dad; depression, lack of support from family or friends, financial worries, major moves, etc):

Birth

Birth location _____ Midwife or OB's name _____

Father's role at the birth?

Other support people at labor or birth?

Drugs used during pregnancy or labor (for prolonging pregnancy, for inducing, for anesthesia, epidurals): Give reason for use.

Labor/Birth interventions: inducing? ____ forceps? ____
vacuum extraction ____ C-Section ____ (planned or emergency and why?)

Describe your birth experience:

Episiotomy? ____ Tear? ____ Birth weight _____ Apgar Scores _____
Other birth complications?

Child's Name _____

1st hours/days after birth

Where was your baby the first hour after birth? (with mom? was nursing started? separated for washing, measuring, testing, intubation? If separated, how long?):

1st day, was baby with mom or dad most of the time? If not describe where and why:

NICU? (neonatal intensive care unit) _____ If yes, how long, reason, and procedures used)

Postpartum

Did you/are you nursing?_____ How long? _____ Any difficulties or complications:

Describe support (or lack of) you had first few months after birth:

Describe nature of father's relationship to child and mom during first weeks:

Health complications, illnesses, postpartum depression?

If boy, was he circumcised? _____ If yes, any complications

Vaccinated? _____ If yes, any complications?

Child's Name _____

Other relationships

Siblings ages, names and nature of relationship. Include children from prior relationships.

Other caregivers important to the child:

Please use extra pieces of paper if you need to. Thank you for taking the time to fill out this form.

Signed _____ **Dated** _____