

# WELCOME

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*Located in the Cumulus Park Professional Center (West Bldg) at Smokey Point*  
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The information contained in this questionnaire is very important in helping understand your child/adolescent and critical to identifying treatment goals and interventions. Please answer each item carefully and provide expanded information where it will help identify interventions and treatment needs. Please ask for clarification if you do not understand an item.

**Who may we thank for this referral?** \_\_\_\_\_

### CHILD, ADOLESCENT, AND FAMILY INTAKE FORM

#### CHILDS INFORMATION:

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(STREET OR PO BOX NUMBER)  
(CITY, STATE, ZIP CODE)

TELEPHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: \_\_\_M\_\_\_F

CHILD'S RACE/ETHNICITY: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_

IS THE CHILD IN SCHOOL? NO YES, WHICH GRADE? \_\_\_\_\_ NAME OF SCHOOL: \_\_\_\_\_

#### FATHER/GUARDIAN INFORMATION:

NAME: \_\_\_\_\_ (PHONE IF DIFFERENT) \_\_\_\_\_

ADDRESS OF FATHER (IF DIFFERENT): \_\_\_\_\_  
Street or P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

RACE/ETHNICITY: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OCCUPATIONAL TITLE: \_\_\_\_\_ FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_

#### MOTHER/GUARDIAN INFORMATION:

NAME: \_\_\_\_\_ (PHONE IF DIFFERENT) \_\_\_\_\_

ADDRESS OF MOTHER (IF DIFFERENT) \_\_\_\_\_  
Street or P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

RACE/ETHNICITY: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

\_\_\_\_\_

OCCUPATIONAL TITLE: \_\_\_\_\_ FULL TIME: \_\_\_\_\_ PART TIME: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

### INSURANCE INFORMATION

NAME OF INSURANCE COMPANY: \_\_\_\_\_

NAME OF THE INSURED: \_\_\_\_\_ INSURED'S D.O.B.: \_\_\_\_\_

INSURED'S id #: \_\_\_\_\_ INSURED'S GROUP #: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ AMOUNT OF CO PAY: \_\_\_\_\_

IF THERAPY OR ASSESSMENT IS BEING PAID FOR THROUGH AN EMPLOYEE ASSISTANCE PROGRAM, OR ANOTHER PARTY, PLEASE LIST THE NAME OF THE PROGRAM OR PERSON, HOW MUCH THEY ARE PAYING FOR, AND HOW MANY SESSIONS ARE BEING AUTHOURIZED.

NAME: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ # OF SESSIONS: \_\_\_\_\_

### DEVELOPMENTAL AND MEDICAL HISTORY OF THE CHILD:

NAME OF PERSON GIVING INFORMATION: \_\_\_\_\_

RELATIONSHIP TO CHILD:

PLEASE CIRCLE: IS THIS YOUR NATURAL CHILD? ADOPTED? FOSTER CHILD? STEPCHILD?

IF THE CHILD IS YOUR NATURAL CHILD, WHERE DOES HE / SHE FALL AMONG YOUR OTHER CHILDREN?

(1<sup>ST</sup> BORN, 2<sup>ND</sup> BORN, 3<sup>RD</sup> BORN, OR ONLY CHILD? Etc.):

IF OTHER THAN YOUR NATURAL CHILD, AT WHAT AGE DID HE / SHE COME INTO YOUR FAMILY?

### MEDICAL INFORMATION:

NAME OF PRIMARY CARE PHYSICIAN: \_\_\_\_\_ MAY I CONTACT? \_\_\_\_\_

PHYSICIAN'S ADDRESS: \_\_\_\_\_

PHYSICIAN'S PHONE: \_\_\_\_\_

I GIVE MY **CONSENT** FOR LINDSAY BEARD TO RELEASE RECORDS TO THE PRIMARY CARE PHYICIAN SO THAT THEY CAN DISCUSS TREATMENT: SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_

**IF NOT GIVING CONSENT PLEASE SIGN HERE AND STATE REASON WHY:**

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_

LIST ANY PRESCRIBED OR NATURALPAHTIC MEDICATIONS THE CHILD IS NOW TAKING:

\_\_\_\_\_  
WHEN DID A PHYSICIAN LAST EXAMINE THE CHILD?

LIST ANY MAJOR HEALTH PROBLEMS FOR WHICH THE CHILD IS CURRENTLY RECEIVING TREATMENT: \_\_\_\_\_

\_\_\_\_\_  
LIST ANY KNOW ALLERGIES:

**MOTHER'S INFORMATION:**

PREVIOUS MARRIAGES: \_\_\_\_\_ YEARS OF CHILD'S LIFE LIVED WITH MOTHER: \_\_\_\_\_

DOES MOTHER HAVE ANY SIGNIFICANT MEDICAL PROBLEMS? \_\_\_\_\_ IF YES PLEASE DESCRIBE:

HAS MOTHER HAD ANY SERIOUS ILLNESSES, ACCIDENTS, AND SURGERIES? \_\_\_\_\_ IF YES, PLEASE DESCRIBE: \_\_\_\_\_

HAS MOTHER HAD ANY PSYCHIATRIC COUNSELING? \_\_\_\_\_ IF YES, WHEN AND WHY? \_\_\_\_\_

**FATHER'S INFORMATION:**

PREVIOUS MARRIAGES: \_\_\_\_\_ YEARS OF CHILD'S LIFE LIVED WITH FATHER: \_\_\_\_\_

DOES FATHER HAVE ANY SIGNIFICANT MEDICAL PROBLEMS? \_\_\_\_\_ IF YES PLEASE DESCRIBE:

HAS FATHER HAD ANY SERIOUS ILLNESSES, ACCIDENTS, AND SURGERIES? \_\_\_\_\_ IF YES PLEASE

DESCRIBE: \_\_\_\_\_

HAS FATHER HAD ANY PSYCHIATRIC COUNSELING? \_\_\_\_\_ IF YES, WHEN AND WHY? \_\_\_\_\_

**MARITAL STATUS OF PARENTS / GUARDIANS:**

LIVING TOGETHER SINCE: \_\_\_\_\_ SEPERATED SINCE: \_\_\_\_\_ MARRIED SINCE: \_\_\_\_\_

DIVORCED SINCE: \_\_\_\_\_ WIDOWED SINCE: \_\_\_\_\_ CURRENT LIVING SITUATION: \_\_\_\_\_

**CUSTODY INFORMATION:**

\_\_\_\_\_  
DATES OF BEGINNING AND END OF MARRIAGE / RELATIONSHIP FROM WHICH CHILD WAS BORN:

REASONS FOR END OF MARRIAGE / RELATIONSHIP INTO WHICH CHILD WAS BORN:

WHO HAS LEGAL CUSTODY OF THE CHILD?

IS THERE A VISITATION SCHEDULE?

IS THE CHILD ADOPTED? IF YES, EXPLAIN THE CIRCUMSTANCES:

**LEGAL ISSUES:**

HAS THE CHILD EVER BEEN ARRESTED OR ON PROBATION? IF YES PLEASE EXPLAIN:

PROBATION OFFICER:

PHONE:

HAS THE CHILD EVER RECEIVED COUNSELING BEFORE? IF YES EXPLAIN:

ARE ANY OTHER AGENCIES INVOLVED WITH THE FAMILY? IF YES EXPLAIN:

**LIST ALL MEMBERS OF THIS CHILD'S FAMILY AND OTHERS LIVING IN THE HOME:**

NAME	AGE	RELATIONSHIP	GRADE / OCCUPATION
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**FAMILY HISTORY:**

**PLEASE CHECK ALL THAT APPLY IN THIS CHILD'S FAMILY, PAST OR PRESENT:**

	MOTHER	MOTHER'S FAMILY	FATHER	FATHER'S FAMILY
BIRTH DEFECTS				
MENTAL RETARDATION	_____			_____
SCHOOL PROBLEMS	_____			_____
LEARNING PROBLEMS	_____			_____
MENTAL PROBLEMS	_____			_____
EMOTIONAL PROBLEMS	_____			_____
ALLERGIES				_____
EPILEPSY				_____
VISION PROBLEMS	_____		_____	_____
HEARING PROBLEMS	_____			_____

ALCOHOL / DRUG ABUSE \_\_\_\_\_  
MARITAL CONFLICTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Reason for Referral**

We/I are/am looking for social skills training for our/my child for the following reasons:

*(Check all that apply)*

- \_\_\_\_\_ Difficulty meeting and making friends
- \_\_\_\_\_ Difficulty keeping friends
- \_\_\_\_\_ Difficulty being assertive
- \_\_\_\_\_ Poor self-esteem
- \_\_\_\_\_ Trouble with stress management
- \_\_\_\_\_ Trouble with anger management
- \_\_\_\_\_ Difficulty initiating and maintaining appropriate communication
- \_\_\_\_\_ Difficulty with voice modulation and pragmatics (using and understanding language within social contexts)
- \_\_\_\_\_ Exhibits socially unacceptable behaviors
- \_\_\_\_\_ Difficulty with picking up nonverbal social cues
- \_\_\_\_\_ Other \_\_\_\_\_

### **History**

Tell me a bit about prenatal history, delivery, and infancy. Please mention any medical issues, complications, early attachment, etc.:

Please describe early childhood development including timing of hitting milestones like speech, walking, sleep habits, temperament, toileting:

Please note any family history of mental health diagnoses:

### **Presenting Problem:**

Please explain in more detail the items you checked (concerns, difficulties, questions):

How have these difficulties improved or deteriorated?

Does anything seem to help alleviate some of the problems or concerns this child experiences? \_\_\_\_\_

Is there anything that makes the problems or concerns worse?

The primary goals we/I have for our/my child in relation to his/her participation in counseling and/or social groups is

\_\_\_\_\_

**List all people living in the household:**

**Name**

**Age**

**Education**

**Personality and Temperament**

How would you describe your child's personality? \_\_\_\_\_

What are your child's greatest strengths/talents? \_\_\_\_\_

How does your child show the following feelings:

Love \_\_\_\_\_

Anger \_\_\_\_\_

Sadness \_\_\_\_\_

Happiness \_\_\_\_\_

Choose top 10 characteristics which apply to the child (Use M & F for Mother and Father's opinion)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Lonely           | <input type="checkbox"/> Acts young for age   | <input type="checkbox"/> Flexible                     |
| <input type="checkbox"/> Dependable       | <input type="checkbox"/> Acts old for age     | <input type="checkbox"/> Bored                        |
| <input type="checkbox"/> Proper           | <input type="checkbox"/> Easily influenced    | <input type="checkbox"/> Hot Tempered                 |
| <input type="checkbox"/> Intelligent      | <input type="checkbox"/> Enthusiastic         | <input type="checkbox"/> Independent                  |
| <input type="checkbox"/> Daydreamy        | <input type="checkbox"/> Prim                 | <input type="checkbox"/> Gets along well w/<br>others |
| <input type="checkbox"/> Aggressive       | <input type="checkbox"/> Pessimistic          | <input type="checkbox"/> Even Tempered                |
| <input type="checkbox"/> Messy            | <input type="checkbox"/> Happy                | <input type="checkbox"/> Detached                     |
| <input type="checkbox"/> Resourceful      | <input type="checkbox"/> Bully                | <input type="checkbox"/> Submissive                   |
| <input type="checkbox"/> Antisocial       | <input type="checkbox"/> Victim               | <input type="checkbox"/> Humorous                     |
| <input type="checkbox"/> Assertive        | <input type="checkbox"/> Energetic            | <input type="checkbox"/> Stubborn                     |
| <input type="checkbox"/> Optimistic       | <input type="checkbox"/> Shy                  | <input type="checkbox"/> Compliant                    |
| <input type="checkbox"/> Rigid/Compulsive | <input type="checkbox"/> Fearful              | <input type="checkbox"/> Resilient                    |
| <input type="checkbox"/> Confused         | <input type="checkbox"/> Easily hurt feelings | <input type="checkbox"/> Sensitive                    |
| <input type="checkbox"/> Unusual          | <input type="checkbox"/> Neat                 | <input type="checkbox"/> Scattered Attention          |
| <input type="checkbox"/> Friendly         | <input type="checkbox"/> Underactive          | <input type="checkbox"/> Considerate                  |
| <input type="checkbox"/> Irritable        | <input type="checkbox"/> Overactive           | <input type="checkbox"/> Insecure                     |
| <input type="checkbox"/> Graceful         | <input type="checkbox"/> Impulsive            | <input type="checkbox"/> Secure                       |
| <input type="checkbox"/> Lazy             | <input type="checkbox"/> Cries easily         |   |

\_\_\_ Obedient  
\_\_\_ Gentle  
\_\_\_ Drowsy  
\_\_\_ Nervous  
\_\_\_ Different

\_\_\_ Likes to be alone  
\_\_\_ Often sad  
\_\_\_ Helpful  
\_\_\_ Disobedient  
\_\_\_ Fidgety

\_\_\_ Jealous  
\_\_\_ Physical complainer  
\_\_\_ Clumsy  
\_\_\_ Dependent  
\_\_\_ Forgetful

### Recreation/Interests

What activities does this child enjoy?

Sports: \_\_\_\_\_

Hobbies:

\_\_\_\_\_

Special Interests:

\_\_\_\_\_

Has this child's interest in participating in these activities declined recently? No Yes

If yes, describe \_\_\_\_\_

Does this child have any idiosyncratic behaviors, obsessions and/or fears that interfere with age appropriate social interactions?

\_\_\_\_\_

Please check all that apply to your child's difficulties-

1. Verbal Pragmatics – Using and understanding language within social contexts

- Communication and Interpretation of Feelings (Discerning and conveying a speaker's true or intended feelings through language)
- Code Switching (Being able to speak somewhat differently depending on the context and people involved)
- Topic Selection and Maintenance (Knowing what to talk about, when, with whom, and for how long)
- Humor Regulation (Making use of tasteful humor at appropriate times, and responding to other people's jokes)
- Conversational Technique (Engaging in the give and take of verbal interaction)

2. Social Behaviors – Acting in a way that fosters optimal relationships with others

- Self-marketing (Ability to monitor and adjust behavior to appeal to peers)
- Social Information Processing (Able to identify the schema/or social cues for given social situations)

- Collaboration (Working and playing in a cooperative manner with others)
- Initiation Technique (Knowing how to begin a relationship, conversation, or enter into a social activity)
- Social Control Regulation (Maintaining impulse control and energy level when relating to others)
- Timing and Staging Relationships (Knowing how to pace a relationship- i.e. when it is okay to do what with a peer)
- Social Conceptualization (Understanding the meaning of different kinds of relationships-i.e a teacher versus a doctor)
- Conflict Resolution (Resolving interpersonal disagreement without aggression)
- Political Acumen (Able to build positive relationships and interactions with important people, particularly adults)