Alison Young, M.S., MFT
21208 Costanso St., #4, Woodland Hills, CA 91364
11500 W. Olympic Blvd., Suite 615, Los Angeles, CA 90064
310-482-1199

Child/Adolescent Intake Form

Identifying Information
Client Name: ________________________________ DOB: ____________ Age: ______
Primary Language: ______________________ Ethnicity: ________________________
School: ____ Grade: _________
Parent's Name: ______________________________ Phone #: ____________________
Address: ____
Parent's Name: ______________________________ Phone #: ____________________
Address: ____
Legal Guardian/: _____________________________ Phone #: ___________________
Foster Parent's Name
Address: ____
Ward or Dependent of Court: ____
____

Reason Referred:

(current primary symptoms and behaviors, onset and duration, history of presenting problem)

____

____

Prior Mental Health History:

(suicidality/homocidality, medication, interventions, response to treatment, family history)

Legal History/Substance Abuse History:

(child custody,
DCFS involvement,
placements,
family history of legal or
alcohol/drug use)

____
____

Medical History:

Pediatrician Name: ____________________________________ Phone:____________________
Last Exam: ___________________________ Glasses: Yes No   Braces: Yes No

(illness, allergies,
accidents,
head injuries, seizures,
pregnancies, STDs,
vaccinations, surgeries,
hearing/vision, dental)

____
____

School History:

(academic performance,
attitude/behavior,
strengths/weaknesses,
suspensions,
attendance)

____

Developmental History:

Prenatal Care: ___________________ Term/Months: ________ Birth Weight: ________
Any major stressors during pregnancy: ____

Developmental Milestones/Environmental Stressors:

Infancy (Birth-3):
Early Years (4-6):
Latency (6-11):
Adolescence (12+):

Relevant Family History and Current Living Situation:

(family composition,
family relationships,
family strengths)