



**Calvary Counseling Center**  
**9300 Forest Point Circle**  
**Manassas, VA 20110**  
(703) 530-9800  
Fax: (703) 530-9805

**CHILD AND ADOLESCENT INTAKE FORM**  
**For Ages 4 & Up**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Last grade completed in school: \_\_\_\_\_ Grade Average: \_\_\_\_\_  
Name of school: \_\_\_\_\_

Father: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Mother: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Step-Parent or other Guardian: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Please describe the presenting problem:

---

---

---

---

---

What languages are spoken at home? \_\_\_\_\_

How many homes has the child lived in? \_\_\_\_\_

With whom does the child share a bedroom and/or bed? \_\_\_\_\_

Who cares for the child during the day? \_\_\_\_\_

In what year were the natural parents married? \_\_\_\_\_

How many years were parents married before birth or adoption of 1st child? \_\_\_\_\_

In what year were the parents separated, if applicable? \_\_\_\_\_

Who has legal custody of the child? \_\_\_\_\_

Are you authorized to seek counseling for this child?  Yes  No

In what year was the custodial parent remarried, if applicable? \_\_\_\_\_

This child is:  adopted  natural. List any known problems encountered during this pregnancy: \_\_\_\_\_

What was child's birth weight? \_\_\_\_\_

Were eating/sleeping patterns  regular  irregular?

What was child's approach to new situations: Positive  Withdrawn  Slow to Warm up?

What was child's reaction to new stimuli?  Intense  Moderate  Little or None?

When trying new things or encountering new situations, regardless of your child's initial reaction, would you describe your child as  Adaptable  Slow to Adapt  Unadaptable

Your child's activity level would be described as:  Extreme  Moderate  Quiet

What age was toilet training started? \_\_\_\_\_ What age was it established? \_\_\_\_\_

Describe any struggles, if any, with toilet training

---

---

---

Does the child ever wet the bed?  Yes  No How often? \_\_\_\_\_

Does the child wet primarily during the  Night  Day  Both? Does the child ever soil?  Yes  No. Where is child usually when soiling or wetting occurs? \_\_\_\_\_

How is discipline handled in the home? \_\_\_\_\_

---

---

Describe any traumatic events that child has been through (deaths, abuse, moves, etc.)

---

---

---

List child's interests/hobbies/skills: \_\_\_\_\_

Is child attending school?  Yes  No Is child expected to  Pass  Fail this year?

What special services, if any, is the child receiving in school? In what subjects and for how many hours per day?

---

---

Is the child presently receiving counseling in the school?  Yes  No If yes, from whom? \_\_\_\_\_

Phone # \_\_\_\_\_.

May we contact him/her?  Yes  No

Has the child ever failed a class or been held back?  Yes  No If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Past Consultations: Sources of help sought in the past (Psychologists, psychiatrists, etc.)

\_\_\_\_\_

Please list any additional information which you feel we should know about:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance Information: Insurance Company: \_\_\_\_\_

Policy/Group # \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

PPO  HMO Has deductible been met? \_\_\_\_\_

Does your insurance company require prior authorization? If so, please provide the authorization number # \_\_\_\_\_

# BEHAVIORAL CHECKLIST

PLEASE PROVIDE OBSERVATIONS OF YOUR CHILD'S BEHAVIOR BY SHARING IF THE BEHAVIOR IS:

N=NEVER S=SOMETIMES O= OFTEN A= ALWAYS

## PEERS

Shy \_\_\_\_\_  
Feelings easily hurt \_\_\_\_\_  
Has no close friends \_\_\_\_\_

## SIBLING RELATIONS

Copies sibling(s) \_\_\_\_\_  
Fights with sibling(s) \_\_\_\_\_  
Physically or mentally cruel \_\_\_\_\_  
Jealous \_\_\_\_\_  
Tattles \_\_\_\_\_

## RESTLESS

Restless or overactive \_\_\_\_\_  
Excitable, impulsive \_\_\_\_\_  
Short attention span \_\_\_\_\_  
Doesn't finish what he/she starts \_\_\_\_\_

## TEMPER

Temper outburst, explosive, unpredictable \_\_\_\_\_  
Throws, breaks, destroys things \_\_\_\_\_  
Pouts or sulks \_\_\_\_\_  
Hurts others physically \_\_\_\_\_

## SCHOOL PROBLEMS

Is not learning up to potential \_\_\_\_\_  
Does not like to go to school \_\_\_\_\_  
Is afraid to go to school \_\_\_\_\_  
Daydreams \_\_\_\_\_  
Truancy \_\_\_\_\_  
Will not obey school rules \_\_\_\_\_

## LYING

Denies any wrong \_\_\_\_\_  
Blames others for mistakes \_\_\_\_\_  
Tells stories that did not happen \_\_\_\_\_

## STEALING

From parents or family \_\_\_\_\_  
At school \_\_\_\_\_

From stores and other places \_\_\_\_\_

**FIRE SETTING**

Plays with matches or candles \_\_\_\_\_

Sets fires \_\_\_\_\_

Please list any other information about your child that you feel is important for us to know about:

---

---

---

---

**TROUBLE WITH THE LAW**

Please explain any trouble with the law:

---

---

---

---

Were you referred by the courts? If so please explain.

---

---

---

---

What type of hearing did you have? \_\_\_\_\_ Formal \_\_\_\_\_ Informal

Do you have a court date? If so please explain.

---

---

---

Are you on probation? \_\_\_ Yes \_\_\_ No

Please explain:

---

---

---

---

Signature \_\_\_\_\_ Date: \_\_\_\_\_