

WHOLE HEALTH PLUS Child/Parent Intake	Internal Use Only Today's Date & Time: _____ DSM IV, Axis I Code: _____ Circle Type: I, C, F, G or Assessment Only
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Child's NAME & D.O.B.:

Date of Birth (D.O.B.) for all family members:

Has child had any prior or current medical or psychiatric diagnosis?

If yes, what & when?

What concerns you most about your child's behaviors/What brings you here today?

Please circle any/all behaviors that you find are concerning re: your child

- | | |
|--------------------------|--------------------------------|
| 1. Anxious, worried | 2. Withdrawn, isolated |
| 3. Obsessive, particular | 4. Doesn't point to things |
| 5. Non-squirmy | 6. Non-interested in others |
| 7. Speech problems | 8. Processing difficulties |
| 9. Hearing problems | 10. Headaches, stomach aches, |
| 11. Sleep issues | 12. Nightmares/terrors |
| 13. Overly talkative | 13. Poor or large appetite |
| 14. Cries a lot, sulks | 15. Very whiny, moody |
| 15. Fearful, scared | 16. Defiant, resistant |
| 17. Falls a lot, clumsy | 17. Poor motor skills |
| 18. Poor grades | 19. Disruptive in groups/class |
| 20. Tired/low energy | 21. Hyper/high energy |
| 22. Trouble listening | 23. Attaches quickly to others |
| 24. Speaks fast | 25. Distracted, bored easily |
| 26. Low self-esteem | 27. Poor judgment |
| 28. Impulsive | 29. Quiet, shy, reserved |

- 30. Bossy, rude
 - 31. Bully, aggressive, violent
 - 32. Acts out in anger
 - 33. Excessive tantrums
 - 34. Sad, depressed
 - 35. Enuresis or Bowel issues
 - 36. Other: _____
-

Does your child appear:

- A) Rebellious, angry, defiant, out-of-control?
- B) Bossy, domineering, overwhelming, dramatic?
- C) Withdrawn, afraid, sad, confused, annoying?
- D) Agreeable, obedient, reasonable, understood?

Write details about your child's concerning behaviors such as:

1) When does he/she exhibits behaviors

2) Age/circumstances when behaviors started or escalated

3) How you and family react to behaviors

4) What help you have started/hope to start

5) Current stress on family and child.

Please share brief biography and developmental history regarding your child. Include normal daily activities, diet and exercise, social and academic concerns, major changes or traumatic events, etc.

Parent: Please list 3 things you would like your child to work on in therapy.

1). _____

2). _____

3). _____

Please list 3 things you would do to help your child's progress.

1). _____

2). _____

3.) _____

Child: Please list 3 things you want to work on to make changes for yourself.

1). _____

2). _____

3). _____

Please list 3 things your parents could do to help you change.

1). _____

2). _____

3). _____

PARENTING ASSESSMENT (as needed)

List current discipline techniques used by you and partner/support (i.e. point system, time outs, immediate gratification, gradual punishment, warnings) and Record if they are effective or not:

Does your partner back you up in disciplining or take over the discipline?

Do you work as a team or does only one of you act as the bad guy?

Does your child act/respond differently to you when partner is not around?
If yes, How? _____

Do you and your partner give your children age-appropriate, clear and consistent choices, limits and messages most of the time?

Do you both follow through with your promises and threats all the time?

Do either of you give in a lot to your children?

Do you or your partner sometimes make unrealistic threats/limits?

How often do you and your partner notice and repeat back/reflect your child's feelings and wants?

Do you set up bedtime routines and structure some daily activities? _____

Circle below parenting styles which best applies to all care givers:

- 1) Rigid, strict, domineering, loves rules/structure
- 2) Non-confrontational, laid back, overly accommodating
- 3) Passive-aggressive, reactive, distant, withdrawn
- 4) Flexible, firm, proactive, freedom with limits

You: 1, 2, 3, 4 - Describe: _____

Partner/Support: 1, 2, 3, 4 - Describe: _____

Mother/your parent: 1, 2, 3, 4 - Describe: _____

Father/your parent: 1, 2, 3, 4 - Describe: _____

Mother/partner's parent: 1, 2, 3, 4 - Describe: _____

Father/partner's parent: 1, 2, 3, 4 - Describe: _____

How do you and your partner differ in parenting styles? _____

List strengths & weaknesses: _____

How do you settle these differences? _____

What concerns you most about: 1)your parenting style? 2)your partner's?

1. _____

2. _____

Is family time: Please circle most applicable.

- 1) Confrontational, upsetting, argumentative, fighting?
- 2) Tiring, overwhelming, one-sided?
- 3) Boring, annoying, busy/distracting?
- 4) Fun, engaging, creative, rituals/routines?

Does your family solve problems in: a calm manner? a distressed manner?

How often do you do fun things and projects together as a family?

How often do you take time out as a couple or for yourself and get support as needed?

Parents: What do you want to improve on as a family?

Children: If you could change one thing about your family what would that be?
