

Daniel Rothman, MA, LPC

*Child Intake and Developmental History*

Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Names of Parents:

\_\_\_\_\_

Name and # of Person to contact in case of an emergency \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Current Medication: \_\_\_\_\_

Previous Medication: \_\_\_\_\_

School: \_\_\_\_\_ Teacher : \_\_\_\_\_

Grade: \_\_\_\_\_

**GENERAL INFORMATION**

**Reason for Seeking Counseling:**

**Prior Counseling - Has your child/family been in counseling before?  
Experience of...**

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**Family - Who lives in the same home as you child?**

**Siblings - Names, ages, how do they get along.**

**Parents - Work, education level, relationship like, (biological/adoptive), custody issues, anything else?**

**Religion Affiliation(s) - Spiritual connections of parents & child:**

**PREGNANCY/INFANT/TODDLER**

**Were there any illnesses/complications during pregnancy?**

**Nature of delivery: Full term \_\_\_\_ Premature \_\_\_\_ Cesarean \_\_\_\_**

**Were there any complications during labor and/or delivery?**

**Were there any complications/problems immediately after birth?**

**Did the baby have colic or feeding problems during first 3 months?**

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**How was the baby fed?**

**When was s/he weaned and how did s/he respond to this process?**

**During the infant/toddler years did either parent stay home full or part time?**

**MEDICAL/MENTAL HEALTH**

**Has your child had any serious accidents/injuries/illnesses involving such things as: convulsions, high fevers, loss of consciousness, fainting, headaches, chronic fatigue, head injuries, ear problems, meningitis...**

**Did your child ever require hospitalization?**

**Allergies?**

**Special Physical Problems?**

**ABOUT THE CHILD**

**Significant Events - The most significant events in your child's life. Any significant life traumas.**

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**What discipline methods have you found to be most effective?**

**What are your child's favorite and least favorite activities?**

**Schedule - What is your child's daily schedule? What does he/she like to do?  
Exercise, sleeping, leisure, food/diet?**

**Behavior Concerns - Do any of your child's behaviors worry you?**

**Peer Relations - Tell me about how your child interacts with peers.**

**What else do you want me to know about your child?**

**Goals & Wishes....**