Hopewell Neuropsychological Center

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Child Intake Form

Note: You will have the opportunity to elaborate on anything mentioned here with your intake clinician and/or evaluator. If there is anything about which you would like them to ask you for more information, please feel free to indicate that.

Today's Date:	Pediatrician:	
CHILD'S DEMOGRAPHICS		
Child's Name:	Birthdate:	Age:
Sex: ☐Male ☐ Female	Handedness: ☐ Left ☐ Right ☐ Both	
Race: ☐Black/African American ☐Asian ☐Caucasian ☐Hispanic ☐Latino ☐American Indian/ Alaska Native ☐ Native Hawaiian/Other Pacific Islander		
Native Language:	Current Grade:	
PARENT/GUARDIAN'S DEMOGRAPHICS		
Parent/Guardian's Name:	Relationship to Child:	
Address:		
Email:	Phone #:	
Race: ☐Black/African American ☐Asian ☐Caucasian ☐Latino ☐ American Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander	Marital status: ☐Single ☐Separated ☐Partnered ☐Divorced ☐Married ☐ Widowed	
Are you considering or involved in any lawsuits or litigations? ☐ No ☐ Yes ☐ Considering If so, briefly explain below:		

PRESENT CONCERNS

What are the main concerns that you have for your child?

When did your child's problems/difficulties begin?

What have you done to manage your child's problems/difficulties?

Please mark if your child has experienced any of the following stressors within the past 6 months:

☐ Parent separation or divorce	☐ Moves to different homes	☐ Moves to different schools
☐ Family financial difficulties	☐ Multiple absences	☐ Social problems or bullying
☐ Loss/death of family members	☐ Loss/death of friend or pet	

BEHAVIORAL CHECKLIST

In the last month, your child…	Never	Seldom	Occasionally	Often	All the time
had difficulty staying focused on tasks					
was easily distracted					
interrupted or intruded on others					
was excessively motor active					
was aggressive towards people or animals					
made poor eye contact					
had trouble with language use					
had trouble interacting with other children					
acted as if he or she was in his or her own world					
was destructive of property					
seriously violated rules					
hurt self					
refused to comply with adults' request					
was angry and resentful					
seemed sad or depressed					
made suicidal statements, plans, or attempts					

PREGNANCY & BIRTH

Is the child adopted? ☐ No ☐ Yes, please list what age:

What was the duration of pregnancy (weeks):

Did the mother receive prenatal care?
☐ No ☐ Yes

Were there any medical complications with pregnancy (please check all that apply):

☐ Accidents or injuries ☐ Excessive vomiting ☐ Excessive staining/blood loss ☐ Blood clots
☐ Gestational diabetes ☐ High blood pressure ☐ High or low amniotic fluid ☐ Hospitalization
☐ Maternal Illness ☐ Iron deficiency ☐ Placenta abruption ☐ Infections
☐ Placenta previa ☐ Preeclampsia ☐ Small for gestational age (SGA) ☐ Rh Factor Neg
☐ Toxemia ☐ Intrauterine growth restriction (UIGR) ☐ STD/STI
☐ Exposure to toxins ☐ Other (please explain below):

Did the mother use any of the substances listed?
☐ Drank alcoholic products / usage: _____
☐ Smoke tobacco / usage: _____
☐ Non-prescribed medications / usage: _____
☐ Other drugs (please list): _____ / usage: _____

DELIVERY

How long was the labor?

Labor was: ☐ Induced ☐ Spontaneous

Type of delivery: ☐ Natural ☐ Forceps used ☐ Vacuum assisted
☐ Cesarean (indicate reason):

What hospital and city were the baby born at?

Where was the baby delivered?
☐ Hospital ☐ Home delivery

If there was an APGAR score at birth, what was it?

Did the child require NICU placement?
☐ No ☐ Yes

Did the child require any NICU supports (ventilator)
☐ No ☐ Yes

After how many days after birth was this child discharged home?

Were there any difficulties with feeding (e.g., latching, sucking, swallowing) or weight gain? If yes, please explain.

Were there any complications post-delivery?
☐ No problems
☐ Cyanosis (turned blue) ☐ Resuscitation
☐ Problems breathing ☐ Infection/sepsis
☐ High blood sugar ☐ Low blood sugar
☐ Jaundice ☐ Seizures
☐ Heart problems ☐ High temperature
☐ Low temperature

☐ Other, explain:

CHILD'S MEDICAL HISTORY

Please check the box next to any current or previous medical conditions ☐ Check here if none

☐ Allergies
☐ Seasonal ☐ Specific:
☐ Autoimmune disease
☐ Cancer
☐ Cerebral palsy
☐ Diabetes
☐ Exposures to toxins (e.g., mercury, led, etc.)
☐ Genetic disorders
☐ Headaches or migraines
☐ HIV

☐ Head injury or concussion
Was there loss of consciousness? ☐ No ☐ Yes
If so, how long? _____
☐ Vitamin deficiency
☐ Seizures
☐ Serious infections (e.g., meningitis, encephalitis
☐ Thyroid or other endocrine disorder
☐ Kidney problems
☐ Liver problems
☐ Hypertension

☐ Other medical problems (please explain below):

Please list any surgeries or procedures the child has had ☐ Check here if none

Surgery/Procedure	Age

Please check any assistive devices the child currently uses:
☐ Glasses/contacts ☐ Hearing aids ☐ Cane
☐ Walker ☐ Wheelchair ☐ Other

How many hours of sleep does the child get per night?

How is their quality of sleep?

FAMILY HISTORY

Check all that apply to the child or to immediate family members (e.g., grandparents, parents, siblings, or children)
Check here if none ☐

Condition	Child	Family	Which Family Member?
Anxiety	☐	☐	
Bipolar Disorder	☐	☐	
Depression	☐	☐	
Post-traumatic stress disorder (PTSD)	☐	☐	
Borderline Personality Disorder (BPD)	☐	☐	
Obsessive Compulsive Disorder (OCD)	☐	☐	
Schizophrenia	☐	☐	
Anger management problems	☐	☐	
Alcohol abuse	☐	☐	
Other substance abuse (please list):	☐	☐	
Attention problems	☐	☐	
Speech problems	☐	☐	
Learning disabilities	☐	☐	
Dyslexia	☐	☐	
ADHD	☐	☐	
Autism	☐	☐	

If you checked **yes** to any above, please provide additional details here:

Child's Mother: ☐ biological? ☐ Living ☐ Deceased (year of death): Occupation: Education Level:	**Child's Father:** ☐ biological? ☐ Living ☐ Deceased (year of death): Occupation: Educational Level:

Who is the child's primary caretaker?

What is the marital status of the child's parents? ☐ Married ☐ Never married ☐ Divorced

Please answer the following questions if the answer was "Divorced"

Who has custody of child?

How often does the child see the non-custodial parent?

How many siblings does the child have? ____ full brothers ____ full sisters ____ half-brothers ____ half-sisters ____ stepbrothers _____ stepsisters What is the child's birth order?	Who does the child live with?

NEURODEVELOPMENTAL HISTORY

At what age did the child:

Sit independently: _____ Walk: _____ Use single words: _____

Crawl: _____ Talk: _____ Use two-word phrases: _____

Take first steps: _____ Was toilet trained: _____ Use sentences: _____

Does the child have any problems in the following areas?

☐ Walking	☐ Clumsiness	☐ Activity level
☐ Running	☐ Buttoning	☐ Speech
☐ Throwing	☐ Tying	☐ Depression
☐ Catching	☐ Attention	☐ Anxiety

Does the child receive any intervention to facilitate development of skills (e.g., Speech Therapy, Occupational, Physical, etc.) If so, please indicate below.

SOCIO-EMOTIONAL HISTORY

Do you have any concerns about this child's play skills (curiosity about the environment, pretend play, playing with other children, unusual behaviors in play)? If yes, please describe:

Are you concerned about your child's ability to make friends and get along with others? ☐ no ☐ yes (please explain why):

Does your child prefer to play with: ☐ younger children ☐ same aged children ☐ older children

Describe how this child interacts with new children that they never met before:

Does this child seek to share new or interesting things with other people? ☐ no ☐ yes

How does the child react to changes in schedules or routines? ☐ no problems ☐ Mildly upset ☐ Very upset

Does this child have any repetitive motor mannerism such as hand flapping, finger wiggling, twirling, etc.?
☐ no ☐ yes (please describe):

Please list the child's hobbies and interests.

EDUCATIONAL HISTORY

Did this child attend preschool or daycare?
☐ No ☐ Yes

Were there any concerns expressed by the preschool or daycare teacher? Please explain.

Has the child repeated any grades? If so, which grades?

What are your child's current grades?
☐ Low average ☐ Average ☐ Above average

Has your child had any psychoeducational or neuropsychological testing? If yes, when and where?

Does/did this child have any of the following: ☐ IEP (list age): ☐ Tutoring (list subject): ☐ 504 plans (list age): ☐ Other accommodations:	Does this child attend: ☐ regular classroom placement ☐ special placement (please explain below): What is the child's easiest subjects? What is the child's hardest subjects?
Please describe any school problems:	Where does the child currently attend school at?

CURRENT MEDICATIONS

Name	Dosage	Reason for Taking	Start Date

Is there anything else you would like us to know?