

CHILD INTAKE FORM

If necessary, please use additional pieces of paper, and attach them.

Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Father's Full Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

Parents: Married \_\_\_ Unmarried \_\_\_ Live Together \_\_\_ Live Separately \_\_\_

Family address (or mother's if parents live separately)

\_\_\_\_\_ street \_\_\_\_\_ city \_\_\_\_\_ zip \_\_\_\_\_

phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Fax: \_\_\_\_\_ email \_\_\_\_\_

Father's address and phone(s) if different from mom's:

\_\_\_\_\_ street \_\_\_\_\_ city \_\_\_\_\_ zip \_\_\_\_\_

phone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Fax: \_\_\_\_\_ email \_\_\_\_\_

Who referred you to me? \_\_\_\_\_

Current physical, developmental challenges for child:

Current emotional/relationship challenges for child:

Child's Name \_\_\_\_\_

Primary concerns of parents, and intention in coming for sessions:

**Conception**

Was baby planned? \_\_\_\_\_ Wanted? \_\_\_\_\_

Conception - normal \_\_\_\_\_ in vitro \_\_\_\_\_ Insemination \_\_\_\_\_ other \_\_\_\_\_

If known, was the baby conceived whilst either parent was using alcohol or drugs? Anything else you want to tell me about what was going on around conception:

**Discovery**

Mom's and dad's attitude toward baby upon discovering pregnancy:

If baby was not wanted, was abortion considered by either parent? \_\_\_\_\_  
Attempted? \_\_\_\_\_ If yes, give circumstances including timing during pregnancy:

Child's Name \_\_\_\_\_

**Pregnancy**

Mom's health (or health challenges and medications taken), and diet and exercise during pregnancy, and attitude toward developing child:

Dad's attitude toward developing child and support (or lack of support) of mom:

Nature of support system in larger community and attitude of these people toward pregnancy (eg parents, friends, etc):

Nature of parent's relationship with each other, and as parents to be:

Did either parent smoke or use recreational drugs? \_\_\_\_\_ If yes, who and how much:

How often do parents drink alcohol? \_\_\_\_\_ How often did mom drink and how much at a time during pregnancy?

Child's Name \_\_\_\_\_

Describe any stresses during pregnancy (eg illness or death of friend, parent, etc; strained relationship between mom and dad; absence of dad; depression, lack of support from family or friends, financial worries, major moves, etc):

**Birth**

Birth location \_\_\_\_\_ Midwife or OB's name \_\_\_\_\_

Father's role at the birth?

Other support people at labor or birth?

Drugs used during pregnancy or labor (for prolonging pregnancy, for inducing, for anesthesia, epidurals): Give reason for use.

Labor/Birth interventions: inducing? \_\_\_\_ forceps? \_\_\_\_  
vacuum extraction \_\_\_\_ C-Section \_\_\_\_ (planned or emergency and why?)

Describe your birth experience:

Episiotomy? \_\_\_\_ Tear? \_\_\_\_ Birth weight \_\_\_\_\_ Apgar Scores \_\_\_\_\_  
Other birth complications?

Child's Name \_\_\_\_\_

**1st hours/days after birth**

Where was your baby the first hour after birth? (with mom? was nursing started? separated for washing, measuring, testing, intubation? If separated, how long?):

1st day, was baby with mom or dad most of the time? If not describe where and why:

NICU? (neonatal intensive care unit) \_\_\_\_\_ If yes, how long, reason, and procedures used)

**Postpartum**

Did you/are you nursing?\_\_\_\_\_ How long? \_\_\_\_\_ Any difficulties or complications:

Describe support (or lack of) you had first few months after birth:

Describe nature of father's relationship to child and mom during first weeks:

Health complications, illnesses, postpartum depression?

If boy, was he circumcised? \_\_\_\_\_ If yes, any complications

Vaccinated? \_\_\_\_\_ If yes, any complications?

Child's Name \_\_\_\_\_

**Other relationships**

Siblings ages, names and nature of relationship. Include children from prior relationships.

Other caregivers important to the child:

Please use extra pieces of paper if you need to. Thank you for taking the time to fill out this form.

**Signed** \_\_\_\_\_ **Dated** \_\_\_\_\_