

**Elliot Behavioral Health Services**

445 Cypress St, Suite 8  
Manchester, NH03103  
Phone: 603-668-4079  
Fax: 603-663-8605

**Child/Adolescent Intake Information**

This questionnaire will help us to provide you and your child with the best possible treatment. Please fill out all of the questions as completely as possible.

Does your child have any emotional or behavioral issues for which she or he needs help? ( ) N ( ) Y

Are there any specific services that you would like your child to receive for these concerns? ( ) N ( ) Y  
If yes, what services:

Please briefly describe the concerns for which you would like help: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How are these issues impacting your child/family's life?  
\_\_\_\_\_

**I. IDENTIFYING INFORMATION**

Child's Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City ST Zip

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age \_\_\_\_ Ethnicity: White Hispanic Afr. Amer. Asian Other

Legal guardian bringing child in for treatment \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
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**II. PARENTS (If parents are separated, please circle parent child lives with most of the time)**

Parent #1 \_\_\_\_\_ Hm Phone: \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent#1 Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Parent #2 \_\_\_\_\_ Hm Phone: \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent #2 Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Please circle your preferred contact number(s) above**

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
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**III. MARITAL HISTORY**

Date of Marriage Date of Divorce/Widowed Name of

(if applicable)

Step-parent

Child's Bio./Adoptive Parents \_\_\_\_\_

Parent #1 2nd Marriage \_\_\_\_\_

If parents are separated, does the non-custodial parent want to be involved in the treatment of the child? Yes No

If YES: Does the non custodial parent object to medication or counseling for your child? Yes No

IV. BROTHERS AND SISTERS OR OTHER FAMILY MEMBERS IN CHILD'S MAIN RESIDENCE

1. \_\_\_\_\_ Age ( )

2. \_\_\_\_\_ Age ( )

3. \_\_\_\_\_ Age ( )

4 \_\_\_\_\_ Age ( )

V. CHILD'S MENTAL HEALTH HISTORY

Please list any medications your child is has taken in the past for behavioral or emotional problems:

Medicine	Doctor	Dates taken	Results		
_____	_____	_____	Good	Fair	Poor
_____	_____	_____	Good	Fair	Poor
_____	_____	_____	Good	Fair	Poor
_____	_____	_____	Good	Fair	Poor

Please list any medications/supplements your child is taking now for any mental health reason that is not listed above:

Medicine	Doctor	Dates taken	Results		
_____	_____	_____	Good	Fair	Poor
_____	_____	_____	Good	Fair	Poor
_____	_____	_____	Good	Fair	Poor

Has your child been in therapy or counseling before? Yes No

Therapist/Clinic	When	No. of times seen	Results		
_____	_____	_____	Good	Fair	Poor

Has your child been in a psychiatric (mental) hospital before?	Yes	No	Good	Fair	Poor
Hospital	When	Doctor	Results		
			Good	Fair	Poor
			Good	Fair	Poor

**VII. FAMILY HISTORY**

Illness	Siblings	Biological Mother	Biological Mother's Family	Biological Father	Biological Father's Family
Heart Problems or Unexplained Death before 30 y.o.					
Depression					
Bipolar Disorder					
Anxiety Problems					
Obsessive Compulsive Disorder					
Schizophrenia					
Learning Difficulties					
Attention Problems					
Severe Aggression					
Problems with the Law					
Alcohol Problems					
Drug Problems					

Provide additional info for above if needed:

**VIII. SOCIAL/DEVELOPMENTAL**

A. Child's Education:

Name of current school and Grade: \_\_\_\_\_

Name of child's current main teacher (if applicable) \_\_\_\_\_

Name of school counselor(s) involved in your child's treatment \_\_\_\_\_ phone (if known) \_\_\_\_\_

Has your child ever repeated a grade in school? Yes No If yes, what grade(s)? \_\_\_\_\_

Is your child "coded" or receiving special education services through an IEP or 504 plan? Yes No

**IF YOUR CHILD HAS AN IEP, PLEASE BRING A COPY WHEN YOU COME FOR YOUR APPOINTMENT**

Has your child ever received psychoeducational testing Yes No

**PLEASE BRING ANY PRIOR TESTING REPORTS IN WITH YOU WHEN YOU COME FOR CHILD'S APPOINTMENT**

D. Child's Activities \_\_\_\_\_

Bedtime on School Days \_\_\_\_\_ Weekends/holidays \_\_\_\_\_ Sleeps by self? \_\_\_\_\_  
Typical bedtime behavior: Goes to bed easily Argues/resists Scared/needs reassurance

Wets bed? Yes No Nightmares? Yes No Sleepwalking? Yes No Loud snoring? Yes No

Wake up time schools days \_\_\_\_\_ Wake up time weekends \_\_\_\_\_ Hours sleep/night \_\_\_\_\_

Describe child's computer/TV/Internet usage: \_\_\_\_\_

E. Stressors

Please list any major sources of stress/changes for your child in the past year:

\_\_\_\_\_  
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**X. PARENTAL OBSERVATIONS/CONCERNS**

A. Other Observations

Are you concerned about your child's eating habits? Yes No

Does your child use drug or alcohol or other non-prescription drugs? Yes No

Is your child sexually active? Yes No

Are you concerned about your child's school performance? Yes No

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions, or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

**Please mark under the heading that best describes your child:**

	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>
1. Complains of aches and pains	_____	_____	_____
2. Spends more time alone	_____	_____	_____
3. Tires easily, has little energy	_____	_____	_____
4. Fidgety, unable to sit still	_____	_____	_____
5. Has trouble with teacher	_____	_____	_____
6. Less interested in school	_____	_____	_____
7. Acts as if driven by a motor	_____	_____	_____
8. Daydreams too much	_____	_____	_____
9. Distracted easily	_____	_____	_____
10. Is afraid of new situations	_____	_____	_____

- |   |       |       |       |
|---|-------|-------|-------|
| 11. Feels sad, unhappy                                  | _____ | _____ | _____ |
| 12. Is irritable, angry                                 | _____ | _____ | _____ |
| 13. Feels hopeless                                      | _____ | _____ | _____ |
| 14. Has trouble concentrating                           | _____ | _____ | _____ |
| 15. Less interested in friends                          | _____ | _____ | _____ |
| 16. Fights with other children                          | _____ | _____ | _____ |
| 17. Absent from school                                  | _____ | _____ | _____ |
| 18. School grades dropping                              | _____ | _____ | _____ |
| 19. Is down on him or herself                           | _____ | _____ | _____ |
| 20. Visits the doctor with doctor finding nothing wrong | _____ | _____ | _____ |
| 21. Has trouble sleeping                                | _____ | _____ | _____ |
| 22. Worries a lot                                       | _____ | _____ | _____ |
| 23. Wants to be with you more than before               | _____ | _____ | _____ |
| 24. Feels he or she is bad                              | _____ | _____ | _____ |
| 25. Takes unnecessary risks                             | _____ | _____ | _____ |
| 26. Gets hurt frequently                                | _____ | _____ | _____ |
| 27. Seems to be having less fun                         | _____ | _____ | _____ |
| 28. Acts younger than children his or her age           | _____ | _____ | _____ |
| 29. Does not listen to rules                            | _____ | _____ | _____ |
| 30. Does not show feelings                              | _____ | _____ | _____ |
| 31. Does not understand other people's feelings         | _____ | _____ | _____ |
| 32. Teases others                                       | _____ | _____ | _____ |
| 33. Blames others for his or her troubles               | _____ | _____ | _____ |
| 34. Takes things that do not belong to him or her       | _____ | _____ | _____ |
| 35. Refuses to share                                    | _____ | _____ | _____ |

\_\_\_\_\_  
**Name of person filling out form**

\_\_\_\_\_  
**Relationship to Child**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**