



**Ingram & Associates Counseling & Consulting, Inc.**  
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**CHILD INTAKE EVALUATION**

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

What school do you go to? \_\_\_\_\_ What grade are you in? \_\_\_\_\_

What is your favorite subject? \_\_\_\_\_

How is your overall health?  Very Good  Good  Average  Poor Gender:  Male  Female

Who is your Doctor? \_\_\_\_\_

When was the last time you visited the Doctor's office? \_\_\_\_\_

Are you currently under a Doctor's care?  Yes  No

For what condition? \_\_\_\_\_

Are you currently taking medication?  Yes  No

If so, what medication(s) and dosage? \_\_\_\_\_

Where are you in the birth order?  Oldest  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  Youngest  Only

List your brothers and sisters in order of their age:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Who do you get along with best in your family? \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_

Who is your best friend? \_\_\_\_\_

Do you play sports or have a hobby? If so, what? \_\_\_\_\_

\_\_\_\_\_

Check any of the following that you have experienced in the last six months:

- Problems at School: Grades, Friends, Teachers, etc.
- Loss of Appetite
- Sleeplessness
- Withdrawn (Shy)
- Anger
- Guilt
- Recent Death of Family or Pet: \_\_\_\_\_
- Rage/Violence
- Loneliness
- Rebellion
- Depression
- Jealousy
- Problem with Mom
- Problem with Step-Mom
- Problem with Dad
- Problem with Step-Dad
- Fear
- Eating Difficulties
- Dishonesty
- Attention Deficit
- Suicidal Thoughts
- Other: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_