Raduca Kaplan
(562) 477-7531
4201 Shadyglade Avenue
Studio City, CA 91604

MINOR INTAKE FORM
Please complete on behalf of your child

Name of person completing this form: _____
Your relation to the child: _____
Phone: _____ Email: _____

Name of other parent/legal guardian: _____
Phone: _____ Email: _____

Child's first name: _____ Last name: _____
Age: _____ Birth day: _____ Month: _____ Year: _____
Ethnicity: _____ Religion: _____ Sex/gender: _____
Home address: _____
Who does your child live with? _____

ACADEMIC INFORMATION:
Name of child's school: _____Grade/year: _____
Program: _____Typical grades: _____

HOW YOU FOUND THIS CLINIC:
☐Word of mouth ☐ I'm a former client ☐ Order of Psychologists (OPQ)
☐Psychology Today ☐ Rate MDs ☐ CJAD 800
☐Google, using these words: _____
☐Other: _____

THE REASONS FOR YOUR CHILD'S VISIT:
_____
_____
_____
_____
_____

How intense is your child's emotional distress?
(Mild) 1 2 3 4 5 6 7 8 9 10 (Severe)
Please describe: _____
_____

Overall, how much do the problems affect your child's ability to perform school, get along with others, and perform daily tasks such as chores?
(Mildly disruptive) 1 2 3 4 5 6 7 8 9 10 (Incapacitating)
Please describe: _____
_____

When did these problems start? What was going on in your child's life at that time?

_____
_____
_____
_____
_____

PSYCHIATRIC AND MEDICAL HISTORY

Please list any ***psychiatric or "mental"*** problems your child has been diagnosed with:

_____
_____
_____
_____
_____

Please list any ***medical or "physical"*** problems that your child has been diagnosed with:

_____
_____
_____
_____
_____

Please list any **medications your child currently takes**, and what they are taken for:

_____
_____
_____
_____
_____

Name of **Family doctor:** _____ Phone: _____
Last check-up was during the month of: _____Year: _____
Results: _____
_____
_____

Name of **Psychiatrist:** _____ Phone: _____
Last visit was during the month of: _____ Year: _____

Results: _____
_____
_____

MENTAL HEALTH TREATMENT HISTORY

Has your child ever been hospitalized for psychological or psychiatric reasons?

☐ No ☐ Yes

If yes, please describe when and where, and for which reasons.

_____
_____
_____
_____

Please tell us about any other mental health professionals your child has consulted with in the past (approximate dates, type of professional seen, reason for the consultation, nature of the treatment, outcome of the treatment).

_____
_____
_____
_____

CURRENT HABITS

Please describe your child's ***current*** **habits** in each of the following areas:

Smoking:_____
Drinking:_____
Drug use:_____
TV use:_____
Internet use:_____
Video game use:_____
Caffeine intake:_____
Exercise:_____
Eating:_____
Sleeping:_____
Fun and relaxation:_____
Chores and responsibilities:_____

RELATIONSHIPS

Please describe your child's relationships with each of the following people, if applicable:

Biological Mother:_____
Biological Father:_____
Step-parents:_____
Legal guardians:_____
Siblings:_____
Extended family:_____

Your children:_____
Friends:_____
Romantic partner(s):_____
Colleagues or classmates:_____
Total number of close, supportive relationships:_____

STRESSFUL LIFE EVENTS

Please describe any significant or stressful life events that your child has been experiencing:

	No	Yes	If yes, please describe
A recent move or change in school?	☐	☐	_____
Abuse or neglect?	☐	☐	_____
Bullied or ignored by peers?	☐	☐	_____
Academic difficulties?	☐	☐	_____
\Weight control issues?	☐	☐	_____
Sexual orientation concerns?	☐	☐	_____
Self-injury?	☐	☐	_____
Death or Illness of a loved one or pet?	☐	☐	_____
Family conflict?	☐	☐	_____
Separation or Divorce?	☐	☐	_____
Other?	☐	☐	_____

What are your child's positive qualities and skills? What do you like about your child? What qualities have helped your child to succeed at overcoming difficulties in the past?

_____
_____
_____
_____
_____
_____

Please tell us about your child's interests (sports, hobbies, talents, etc.)

_____
_____
_____
_____
_____
_____

Does your child agree that the problem that she or he is seeking help for is problematic?

What are some goals for your child's therapy? What would you like them to achieve by attending therapy?

What concerns do you have about your child attending therapy or working on these problems?

Is there anything else that you would like to mention?