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CHILD INTAKE FORM

Date _____

Please Print Legibly

Child's Name: _____	Gender: M F	
Age: _____	Birthdate: _____	Birthplace: _____
Grade: _____	School: _____	City (School): _____
Primary Language: _____	Other Languages: _____	

Person completing form: _____

Relationship to child: _____ Marital Status: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Ph#: _____ Cell Ph#: _____

Email Address: _____

Emergency Contact Name and Number: _____

Who may I thank for your referral to my office? _____

For testing: In order to assure validity of testing, the same tests cannot be administered within a twelve month period of time. I hereby attest that my child has not been administered or exposed to the same tests that will be administered by Dr. Cherwony during the past twelve months. I further understand that no less than 72 hours advanced notice must be provided in the event that appointment needs to be canceled. Failure to provide such notification will result in an assessment fee of \$250 and any rescheduled appointments will require full payment in advance.

Parent Signature Date: _____

FAMILY INFORMATION

Parent Name 1: _____ Age: _____

Occupation: _____ Education: _____

Home Ph#: _____ Cell Ph#: _____

Parent Name 1: _____ Age: _____

Occupation: _____ Education _____

Home Ph#: _____ Cell Ph#: _____

Is child living with both parents? Yes No

If parents are living apart (or separated or divorced) is other parent aware that you are seeking psychological services for your child? Yes No

If child is not living with both biological parents, please describe living and visitation arrangements:

Siblings Name	Sex	Age	School/Occupation
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Other Persons in the Home Name	Age	Relation
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DEVELOPMENTAL AND HEALTH INFORMATION

Pediatrician's name: _____ Office number: _____

Height: _____ Weight: _____

Medication (and dosage) taken at this time: _____

Date of last medical checkup? _____

What is your child's present health? Excellent Good Fair

Please explain: _____

Does your child have allergies? No Yes, list _____

Is there a history of ear infections? No Yes

 If yes, list frequency: _____

Has your child ever had any head injuries (loss of consciousness), seizures, hospitalizations or surgery? If yes, please explain

Approximate weight at birth: _____ Months Carried: _____

Please check type of delivery: Vaginal _____ C-Section _____

Mother's age at delivery: _____ Health during pregnancy _____

Describe any complications during pregnancy or birth

Please indicate E (Early), T (Typical), L (Late) or U (Unknown) in describing when your child reached the following milestones:

Sitting alone _____ Crawling _____ Standing Alone _____
Walking alone _____ Spoke first words _____ Spoke short sentences _____

When was your child able to stay dry during daytime _____ and
nighttime _____

Please mark any areas that constitute a problem for your child:

_____ Eating _____ Sleeping _____ Nightmares _____ Thumb sucking
_____ Nail biting _____ Getting along with friends _____ Self-help skills (dressing,
bathing, etc.) _____ Unusual fears (describe) _____
Other _____

Sensory Motor - Please check any that apply to your child and explain:

Visual difficulties _____ Hearing difficulties _____
Supposed to wear glasses _____ Supposed to wear hearing aid _____
Sensory difficulties _____ Has Pressure equalization tubes _____
Fine motor difficulties _____ Gross motor difficulties _____
Sensitivity to: Loud sounds ____ Touch ____ Smell ____ Light ____ Other ____

SCHOOL AND EDUCATIONAL HISTORY

Age began daycare, nursery, or preschool _____ Age started Kindergarten _____

List schools your child has attended:

Name	City	Years/Grade(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of zoned public school: _____

Is your child in special classes? No _____ Yes _____

If yes, what kind? _____

Has your child ever repeated a grade/retained? No ____ Yes ____ Which grade? ____

Is there any family member who presently or in the past have (had) learning and/or attention difficulties, or was in special classes? No ____ Yes ____ If yes, who and what kind/type?

For children in K-12, what kind of grades does your child typically earn?

Describe any problems your child might be having in school and when you first noticed these problems?

In what school situations or subjects does your child perform best? Worst?

SOCIAL AND EMOTIONAL INFORMATION

List your child's major interests and hobbies:

Is your child involved in extracurricular activities? No _____ Yes _____

If yes, what kind? _____

When interacting with same-aged peers, your child can be described as:

___ Withdrawn ___ Disinterested ___ Assertive ___ Aggressive ___ Shy

___ Friendly ___ Thoughtful ___ Leader ___ Follower ___ Bossy ___ Anxious

How many friends does your child have? # Male _____ # Female _____

Do any family members have a history of mental health concerns? No ___ Yes ___

If yes, who and what kind _____

Please put any other comments that will help me understand your child better