Heidi Rimer Cherwony, Psy.D., P.A.
Licensed Clinical Psychologist

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: 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 nine months. I further understand that no less than 72 business 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.

____ **Date:** _________________
Parent Signature

2200 NW Corporate Blvd, Suite 311, Boca Raton, FL 33431; Phone: (561) 699-4639
10800 N. Military Trail, Suite 213, Palm Beach Gardens, FL 33410
www.mindandbodydoctor.com

FAMILY INFORMATION

Parent Name 1: ________________________________ Age: _______

Occupation: ________________________ Education: __________________________

Home Ph#: _________________________ Cell Ph#:_________________________

Parent Name 2: ________________________________ 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

Other Persons in the Home

Name	Age	Relation

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 ____

Does your child receive any services at this time? speech/language therapy, occupational therapy; physical therapy; other___________________________________

Provider name:____

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____Anxious

___Engaging, ___ Friendly ___ Thoughtful ___ Leader ___ Follower ___ Bossy

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