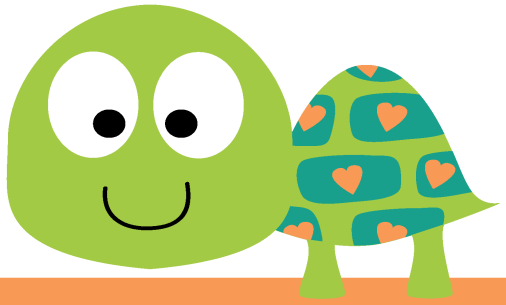
Newcastle
PLAY THERAPY



PARENTAL INTAKE FORM FOR CHILD CLIENT

Date and time of session: _____

Who attended session: _____

Child and Family Details

Child's name: _____ Child's DOB: _____

Parents' (or legal custodian) names: _____

Child's parents: married divorced separated de facto

Step Parents: _____

Adopted: Yes No If yes, date of adoption: _____ open closed

Details: _____

History of birth parents/family if adopted:

_____

Family Members in Immediate Family:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Caretakers Babysitters Nannies:

_____

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Family History

Maternal Side: Addiction Abuse (sexual, physical, verbal) Mental Illness

Details: _____

_____

_____

Fraternal Side: Addiction Abuse (sexual, physical, verbal) Mental Illness

Details: _____

_____

_____

Pregnancy and Developmental Milestones

Birth: C Section Vaginal Delivery

Apgar Score: _____ Complications: _____

Mother and Child bonding after Birth: _____

Slept in room with Mother In Nursery Neonatal Intensive Care

Bottle fed Breast Fed

Age of weaning _____ Difficult Easy Mum Chose Baby Weaned on Own

Medical Issues or Developmental Delays during Infancy:

_____

_____

_____

Sleep Habits: 0-11 months _____

1-3 years _____

4-6 years _____

7 and up _____

Currently Eating Habits: _____

Social History and Background

History of Separation Anxiety:

School History for Child:

History of Moves and Major Changes in Child's Life:

History of Traumas, Molestation, Witnessing Traumatic Events, Fires, Abandonment, Death:

Social interactions with Peers and Family:

Child's Fears and Concerns

Storms Dark Sleeping alone Loud noises Water Insects School Other

Details: _____

_____

_____

Child Behavioural Concerns: _____

_____

_____

Positive traits and qualities in your child:

_____

_____

_____

Undesirable traits you hope to reshape:

_____

_____

_____

Hopes for what Therapy will provide: _____

_____

_____

Other notes:

_____

_____

_____

_____

_____

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