STEPS
STRESS & TRAUMA EVALUATION AND PSYCHOLOGICAL SERVICES

NEW CHILD PATIENT INTAKE FORM

GENERAL INFORMATION

1.Name:_____2.Date of Birth:_____

3.Gender: _____3.Age:_____

4.Grade: _____5.School:_____

6.Parent/Legal Guardian: _____

7.Address: _____

8.Home Phone: __ _____ May we leave a message? □ Yes □ No

9.Cell/Work/Other Phone: _____ May we leave a message? □ Yes □ No

10.Email: _____

*Note: Email correspondence is not considered to be a confidential medium of communication, so we do not encourage communication via email. However, if you would like to be added to our mailing list and receive information about workshops and events, please indicate here:□ Yes □ No

11. How did you hear about us?:_____

_____

_____

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Clinician Initials:_____ Date:_____

MENTAL HEALTH HISTORY

12. Please describe briefly the problems your child is experiencing:

_____

_____

_____

13. Has your child received any type of mental health care in the past? □ Yes □ No

If yes, what type? /e.g. psychotherapy, medication, both/:_____

When/for how long?_____

_____

Who was the provider?_____

14. Is your child currently seeing a mental health provider /e.g. psychologist, psychiatrist, social worker/?: □ Yes □ No

If yes, name:_____ Phone #:_____

15. Please list any relevant medications currently taken by your child:

Medication	Dosage	Past	Current

_____

_____

_____

_____

16. Has your child ever been hospitalized for psychiatric reasons? □ Yes □ No

If yes, please write down when, where, and reasons for hospitalization:

_____

_____

_____

_____

Clinician Initials:_____ Date:_____

FAMILY MENTAL HEALTH HISTORY

17. Below, please list if any family members have a history of mental health problems, such as depression, anxiety, posttraumatic stress, alcohol or substance use, OCD, eating disorders, schizophrenia, attempted/completed suicide attempts, or others:

Family member Issue

_____

_____

_____

_____

19. If you would like to be included in our email list and receive occasional updates on services we provide, health news, and other useful information, please provide us with your email below: (We promise not to email too frequently!)

_____

Clinician Initials:_____ Date:_____