

Amber Learn, Psy.D.

www.DrAmberLearn.com



Clinical Psychologist PSY25444

Minor Intake Form

Date:	Name:	Birthdate:	Gender:
Parent #1 Name: Phone Number: Employer:	Parent #2 Name: Phone Number: Employer:	Guardian's Name: Phone Number: Employer:	
Social Security #:	Contact Information: <i>Home Ph Number</i> <i>Cell Ph Number</i> <i>Email Address</i>	Permission to contact: <i>OK to call house? Y/N; leave message? Y/N</i> <i>OK to call cell? Y/N; leave message? Y/N</i> <i>OK to email? Y/N</i>	
Patient Home Address: <i>Street</i> <i>City, State, Zip</i>	Who lives with the child? List everyone in the household, relationship, and ages.		
Was the pregnancy planned? Y/N Is the child adopted? Y/N Were there any birth complications? Y/N Explain.			
Did the child meet milestones? Y/N	Documented Learning Disability or Other? Y/N	Brain Injury? Y/N	
School Name: Teacher Name: What grade level is the child in?: How are his/her grades? Poor/fair/average/good/very good How would you describe his/her functioning in school? (gets along w/ teachers/students, is shy, outgoing, etc.)	Has the child been expelled or suspended? Y/N Does he/she cut classes? Y/N Is he/she in remedial classes? Y/N Is he/she Gifted and Talented? Y/N How does the school/teacher view the child? (e.g. hyperactive, timid, achiever, procrastinator) May I call the teacher to discuss the child? Y/N If so, please give ph. #:		

Referred by:																				
Please list all residences for the patient.																				
<table border="1"> <thead> <tr> <th>With Whom</th> <th>Date(s)?</th> <th>Location?</th> <th>Any problems?</th> <th>Reason for moving?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	With Whom	Date(s)?	Location?	Any problems?	Reason for moving?															
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Has he/she experienced any life changes lately? Y/N Please explain.																				
What current concerns does he/she have that are bringing you into see me?																				

Has he/she received psychological or psychiatric or counseling care before? No Yes →

Provider Name?	Date(s)?	Location?	For what?	With what results?

Has he/she ever taken medications for psychiatric or emotional problems? No Yes →

Provider Name?	Date(s)?	Location?	For what?	Name of Medication(s)	With what results?

Has he/she ever had surgeries or medical procedures? No Yes →

Provider Name?	Date(s)?	Location?	For what?	With what results?

Please list all nonpsychiatric medical conditions, illnesses, allergies, and associated medications that the patient takes here.

Has he/she been abused in any way? No Yes → If he/she was abused in any way, please indicate the kind of abuse, who abused, and when it happened.

Does he/she have a history of suicide attempts, cutting/self-mutilation, or psychiatric hospitalization? No Yes → If yes, please explain:

Is there anything else that is important for me as the therapist to know about that is not already on these forms? No Yes → If yes, please explain here or on another sheet of paper:

This is a strictly confidential patient medical record. Redislosure or transfer is expressly prohibited by law.