

CENTER FOR ATTACHMENT & TRAUMA SERVICES, INC.

CHILD INTAKE FORM

Child's Name: _____ DOB: _____

Caregiver's Name: _____ Relationship: _____

Caregiver's Best Contact Phone #: _____

Birth History:

Any unusual illnesses or complications during pregnancy? If so, please explain:

Medications taken by mother during pregnancy:

Other drugs taken by mother during pregnancy:

Was alcohol consumed during pregnancy? Yes No

If so, how much per week?

Age of mother at birth of child: _____ Length of pregnancy: _____ weeks/months Birth weight: _____ lbs.

Complications (including NICU admission or birth injuries to mother or infant—please provide all details):

Baby's condition at birth: _____

Early Development:

Infant's temperament in early months: _____

Breastfed? Y/N Formula fed? Y/N Both? Y/N

Age at walking: _____ Age at talking clearly: _____ Age at toilet training: _____

How is child's health now?

Date of child's last physical exam : _____ Name of doctor: _____

Is child on any medications? Yes No

If so, what? _____

Has child had any of the following? (circle)

Unconscious Seizures Head Injuries Asthma Allergies Surgeries

If so, please explain and give age of child at the time:

Name of child's school: _____

Is the child receiving any special services at school? Yes No

If so, what? _____

How would you describe the child's friendships? Are his/her friends:

Older Younger About same age None

Does the child play alone? Yes/No/Rarely/Often

Who ordinarily disciplines the child? _____

What kind of discipline is used? _____

Has the child been victim or witnessed any neglect, or physical, emotional, or sexual abuse? Y/N

If so, please explain:

Is there anything else we should know about this child? If so, please explain: