Wiregrass Behavioral Group LLC

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Child's Name:___________________________________ Child's Date of Birth:_______________________
Child's Address:__________________________________ Date of Appointment:______________________
Name of person completing form:____
Phone #s: (H)__________________(C)__________________(W)__________________________________
Relationship to child (circle): biologic parent/foster parent/step parent/adoptive parent/guardian/other
Does the child live with you?________Caregiver marital status (circle):married/divorced/single/widowed
Second parent/guardian name:____
Phone #s: (H)_________________(C)___________________(W)__________________________________
Relationship to child (circle): biologic parent/foster parent/step parent/adoptive parent/guardian/other
Does the child live with you?____
Who lives in the home with child (parent, siblings, guardian)?____________________________________
Are there any living arrangements (shared custody, foster care), custody issues, parental disagreement about care, or orders of protection that we should be aware of (circle): No/Yes. Describe:____________
____
Email:__________________________________Preferred method of contact:_________________________
Social security number of child:___________________Who referred you:___________________________

Insurance information

Insured name:_________________________________Insured DOB:_______________________________
Insured carrier:____
Insurance policy/identification number:____
Group number:____
Insurance provider services number:____

Wiregrass Behavioral Systems, PC—Intake Paperwork

What is the reason you would like your child to be seen in this clinic?______________________________
____
Please check all your child's behaviors and symptoms that you consider problematic:

- ☐ Distractibility
- ☐ Hyperactivity
- ☐ Inattention
- ☐ Impulsivity
- ☐ Boredom
- ☐ Poor memory/confusion
- ☐ Sadness/depression
- ☐ Hopelessness
- ☐ Thoughts of death
- ☐ Self-harm behaviors
- ☐ Crying spells
- ☐ Loneliness
- ☐ Low self-worth
- ☐ Fatigue
- ☐ Recurring disturbing memories
- ☐ Change in appetite
- ☐ Withdrawal from people
- ☐ Anxiety/worry
- ☐ Panic attacks
- ☐ Fear away from home
- ☐ Social discomfort
- ☐ Phobias
- ☐ Obsessive thoughts
- ☐ Compulsive behaviors
- ☐ Racing thoughts
- ☐ Wide mood swings
- ☐ Suspicion/paranoia
- ☐ Hearing voices
- ☐ Visual hallucinations
- ☐ Defiance
- ☐ Aggression/fights
- ☐ Homicidal thoughts
- ☐ Frequent arguments
- ☐ Irritability/anger
- ☐ Peer/sibling conflict
- ☐ Stealing
- ☐ Destroys property
- ☐ Running away
- ☐ Curfew violations
- ☐ Lying
- ☐ Manipulative behavior
- ☐ No/few friends
- ☐ Eating problems
- ☐ Sleep problems
- ☐ Nightmares
- ☐ Toileting problems
- ☐ Fire setting
- ☐ Work/school problems
- ☐ Legal problems
- ☐ Sexual behavior
- ☐ Alcohol/drug use
- ☐ Lack of motivation

Wiregrass Behavioral System, PC—Intake Paperwork

Are your child's problems affecting any of the following (circle)? Handling everyday tasks/Self-esteem/ Work/school, Relationships, Housing, Recreational activities, Hygiene, Legal matters, Health, Finances
Has your child ever had thoughts, made statements, or attempted to hurt him/herself? Yes/No; If yes, please describe:____
Has your child ever had thoughts, made statements, or attempted to hurt someone else? Yes/No; If yes, please describe:____

Family and Developmental History

Family Mental Health Problems

- ☐ Hyperactivity Who?____
- ☐ Inattention Who?____
- ☐ Depression Who?____
- ☐ Bipolar Disorder Who?____
- ☐ Suicide Who?____
- ☐ Anxiety Who?____
- ☐ Obsessive Compulsive Disorder Who?____
- ☐ Anger/Abusive Who?____
- ☐ Schizophrenia Who?____
- ☐ Eating Disorders Who?____
- ☐ Alcohol Abuse Who?____
- ☐ Drug Abuse Who?____

Please check if your child has experienced any of the following types of trauma or loss:

- ☐ Emotional abuse
- ☐ Sexual abuse
- ☐ Physical abuse
- ☐ Parent substance abuse
- ☐ Teen pregnancy
- ☐ Neglect
- ☐ Violence in the home
- ☐ Crime victim
- ☐ Parent illness
- ☐ Lived in foster home
- ☐ Homelessness
- ☐ Loss of loved ones
- ☐ Financial problems

Wiregrass Behavioral Systems, PC—Intake Paperwork

Were there any medical problems during the pregnancy or birth of this child? Yes/No. If yes, please describe:____
Did the biological mother use any tobacco, medication, street drugs, or alcohol while pregnant? Yes/No. If yes, please describe:____
Did your child have any developmental delays in early childhood (crawling, walking, talking, toileting etc.?) If yes, please describe:____
Has your child ever been diagnosed with a developmental or behavioral disorder (circle)? No/Yes______
If yes, what has he/she been diagnosed with?____
Who made the diagnosis:______________________________When?____________________________

Previous Mental Health Treatment

		When?	Provider?	Reason?
Yes/No	Outpatient counseling	______________	______________	______________
		______________	______________	______________
Yes/No	Medication management	______________	______________	______________
	Past meds?	______________	______________	______________
Yes/No	Psychiatric hospitalization	______________	______________	______________
		______________	______________	______________
Yes/No	Drug/Alcohol treatment	______________	______________	______________
		______________	______________	______________

School Information

Current grade:________________ Name of school____
This year's school grades (circle): Excellent, Good, Fair, Poor
Past school grades (circle): Excellent, Good, Fair, Poor
This year's school behavior: Excellent, Good, Fair, Poor
Past school behavior: Excellent, Good, Fair, Poor
Has your child had any of the following difficulties at school (check all that apply)? ____Suspension, ___Incomplete homework, ___Learning problems, ___Teased or picked on, ___Speech problems, ___Referrals or detentions, ___Attendance problems
Has your child ever skipped or repeated a grade? Yes/No
Has your child ever received Special Education Services? Yes/No. If yes, please describe services received and reason for services____
Has your child ever had problems with work, school, relationships, health, or the law due to substance use? If yes, please describe____

Wiregrass Behavioral Systems, PC—Intake Paperwork

Substance Use History (age 12 and over or if applicable)

Does your child currently (last 6 months) any of the following substances? ___Tobacco, ___Alcohol, ___Marijuana, ___Cocaine/crack, ___Ecstasy, ___Heroin, ___Inhalants, ___Methamphetamines, ___Pain killers, ___PCP/LSD, ___Steroids, ___Tranquilizers, ___Caffeine

Has your child used any of these substances in the past? If yes, which ones? ________________________

Medical Information

Date of last physical exam:____

Has your child experienced any of the following medical conditions during his/her lifetime? ___allergies, ___asthma, ___headaches, ___stomach aches, ___surgery, ___meningitis, ___diabetes, ___high fevers, ___seizures, ___hearing problems, ___vision problems, ___ear infections, ___head injury, ___serious accidents, ___sleep disorder, ___heart problems, ___pregnancy, ___sexually transmitted disease

List any CURRENT health concerns:____

Is your child taking any prescription or over the counter medications? Yes/No. If yes, please list:____

Allergies and/or adverse reactions to medications? Yes/No. If yes, please list:_______________________

____

Has your child ever been hospitalized? If so, why?____

Has your child ever had surgery? If so, please list?____

Family Medical History

Please list any medical problems experienced by family members

Mother__________________________________ Father____

Siblings__________________________________Cousins____

Aunts/Uncles_____________________________Grandparents_______________________________________

____

Consent for Evaluation

I request that my child________________________________, be evaluated by a provider at Wiregrass Behavioral Health Systems. Please note: If there is joint custody, signatures are required from both parents.

____

Signature of parent or guardian   Date

____

Signature of parent or guardian   Date