

Child Trauma Services Program
OU Children's Physicians
Developmental and Behavioral Pediatrics
1100 NE 13 St., Oklahoma City, OK, 73117
(405) 271-5700, ext. 42645; (405) 271-8835 [fax]

PRE-INTAKE FORM

Instructions – It is helpful for families to prepare information about the referred child prior to the intake appointment. Please complete as much of this form as you can and bring it with you to the intake appointment scheduled for

Why did you decided to participate in services at this agency – Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> To improve my child's emotional or behavioral difficulties | <input type="checkbox"/> To improve my family relationships |
| <input type="checkbox"/> To help me feel better equipped as a parent | <input type="checkbox"/> To learn some new or different parenting skills |
| <input type="checkbox"/> Tried other services, but they did not help | <input type="checkbox"/> Services at this agency have a good reputation |
| <input type="checkbox"/> Referred by someone who participated in the same services | <input type="checkbox"/> Directed by the child's school and/or daycare |
| <input type="checkbox"/> Directed by child welfare | <input type="checkbox"/> Directed by the court |
| <input type="checkbox"/> Other – Explain: _____ | |

CHILD INFORMATION

Child's name: _____ **Date of birth:** _____

Sex/Gender: Male Female **Age:** _____

Race – Check all that apply:

- African American Caucasian Asian Native Hawaiian / Pacific Islander
- American Indian / Alaska Native – Tribal Affiliations(s): _____
- Other: _____

Is child of Hispanic origin? No Yes Do not know

1. Is child enrolled in school?

- Not old enough to attend school
- Head Start Preschool
- Homeschooled – Current grade level: _____
- Elementary, Middle, Junior High, High School – Complete below:
- School name: _____ Current grade level: _____

2. Does child have an Individualized Education Program (IEP)? N/A No Yes – Complete:

- Purpose of IEP; check all that apply:
 - Academics Emotional / Behavioral
 - Other: _____

→ Please bring a copy of the child's IEP to the intake appointment.

3. **Does child receive any special services?** No Yes – *Check all that apply.*
- Speech / Language Physical Therapy Occupational Therapy
- Special classroom Emotionally disordered classroom
- Gifted, Talented, or Enrichment Extended school year
- Other: _____

4. **Has child received therapy or counseling with anyone?** Do not know No
- Yes – In the past, not now Yes – Currently receiving; *complete:*
- Please list the current provider's name, agency, and telephone number:
- _____

5. **Has child been hospitalized for emotional or behavioral problems?**
- Do not know No Yes – In the past, not now Yes – Currently hospitalized

6. **Has child completed a psychological evaluation?** Do not know No Yes – *Complete:*
- Please list the provider's name who provided the evaluation and their agency and telephone number:
- _____

→ Please bring to the intake appointment a copy of any of the child's psychological evaluations.

7. **Please list the medications, past and present, that child takes for his/her health and behavior.** None

Medication Name	Why is child taking this medication?	Start date	Dosage	How long on same dose?	Still taking?	End Date

FAMILY INFORMATION

Person completing this form: _____ Sex/Gender: Male Female

Relationship to this child – *Check one:*

Biological parent Adoptive parent Step-parent Grandparent

Other: _____

8. **How long have you known child?** _____

9. **Are you the primary caregiver?** Yes, *continue to question 10* No – *Complete:*

Primary caregiver name: _____

Primary caregiver sex/gender: Male Female Date of birth: _____

Primary caregiver relationship to child:

Biological parent Adoptive parent Step-parent Grandparent

Other: _____

10. Primary caregiver race – Check all that apply:

- African American Caucasian Asian Native Hawaiian / Pacific Islander
 American Indian / Alaska Native – Tribal Affiliations(s):
 Other: _____

11. Is primary caregiver ethnicity of Hispanic origin? No Yes Do not know

12. How long has child lived with primary caregiver? _____

13. Other than school, how many hours per week does this child normally spend without his/her primary caregiver in another person’s care (e.g., daycare, after school program, babysitter, with other family members)? _____ (hours per week)

14. Marital status of primary caregiver – Check one:

- Single, never married, not living with a partner Divorced, not remarried, and not living with a partner
 Single, never married, living with a partner Divorced, but remarried or living with a partner
 Married Widowed
 Separated Widowed, but remarried or living with a partner
 Other – Explain: _____

15. To help us identify the family’s ability to access resources, please provide the best estimate of the family’s total income. Include income from all sources including salaries, child support, alimony, SSI, AFDC, business income, investment income, and cash income for all members of the household.

Monthly income: _____ or Yearly income: _____

16. Total number of adults (18 years or older) supported by this income? _____

17. Total number of children (18 years or younger) supported by this income? _____

18. Does the primary caregiver have reliable transportation? No Yes Do not know

19. Does the primary caregiver have a telephone number where s/he can be consistently reached?

20. Alternative contact person and telephone number: _____

Do not know No Yes – List number with area code: _____

21. Who lives in the child’s current home?

Name	Age	Relationship to child

22. Have any of the children in the child’s current home been removed from their home by any court?

- No Yes Unknown

23. Besides this program, what services are family members in the child’s current home receiving – Check all that apply:

- Parent education classes Drug and/or alcohol treatment Domestic violence services
 Home visits Counseling or therapy
 Other: _____