Safe Families *for* Children

CHILD INTAKE INFORMATION

Child's Name _____ Parent Phone # _____

Nickname (if any) _____

General Information

Languages spoken in the home? _____

What is the family's religious preference? _____

Health and Development

Current Medications _____

Family Doctor _____ Phone # _____

Address _____

Does your child have any allergies? _____

Does he/she have a regular diet? _____

Special foods? _____

***For Infant*:**

Type of formula/frequency of bottles: _____

Does your child have a bedtime routine? _____

Has your child had any unusual illness, injury, or operation? ☐ Yes ☐ No If yes, please explain: ____

_____

List any other health problems or concerns: _____

_____

Are your child's vision / hearing normal? ☐ Yes ☐ No If no, please explain: _____

_____

Are your child's immunizations up to date? ☐ Yes ☐ No If not, why? _____

What situations, relationships, or events tend to be hardest or most upsetting for this child? _____

_____

What comforts your child? _____

For infants, STOP HERE

Education – School aged or preschool children

School Name: _____ Phone # _____

Address: _____ Teacher's Name: _____

Grade: _____ Start and End Time: _____ Special Ed. Needs: _____

How long attended? _____ IEP? _____

Social

What does your child like to do at home? _____

_____

What scares/fears does your child have? _____

_____

Discipline / Training at home includes… (Check all that apply) ☐ Time-outs ☐ Spanking

☐ Loss of privileges/ rewards ☐ Discussing Behavior ☐ Other, explain _____

Child's Behavior

Current academic or behavioral problems? _____

Please check all that apply to your child:

☐ Depressed	☐ Overactive	☐ Nightmares	☐ Runs away
☐ Anxious	☐ Easily frustrated	☐ Sleep difficulties	☐ Wants to die
☐ Fearful	☐ Peer problems	☐ Eating difficulties	☐ Uses drugs/alcohol
☐ Withdrawn	☐ School problems	☐ Wets Bed	☐ Truant
☐ Low self-esteem	☐ Sexualized behavior	☐ Temper tantrums	☐ Hurts him/herself
☐ Poorly motivated	☐ Touches private parts	☐ Aggressive toward others	☐ Plays with fire
☐ Daydreams	☐ History of sexual abuse	☐ Destroys property	☐ Steals
☐ Distractible	☐ History of physical abuse	☐ Other _____	

Any other helpful information regarding your child… _____

_____

_____

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