



Child Assessment Intake Form  
Ripley Consulting, Jennifer S. Ripley, Ph.D., LCP

Child's Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Last First MI

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Other caregiver's name & relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

SS# \_\_\_\_\_ Birth Date \_\_\_\_\_ Child's Gender Male Female

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_ Emergency Contact Cell \_\_\_\_\_

Parent/s Occupation/s \_\_\_\_\_

Employer/s \_\_\_\_\_

Parents Marital Status (*check one*) \_\_\_ Single (Never Married) \_\_\_ Married, Years Married: \_\_\_\_\_

\_\_\_ Widowed \_\_\_ Separated \_\_\_ Divorced \_\_\_ Unmarried/Cohabiting Couple

List all of the members of your household, and all others living in your home

Name	Current age	Relationship (spouse, child, etc.)

Please describe what has caused you to seek services?

**Health History**

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Visit \_\_\_\_\_

Current Health Problems (please list/describe):

List all current medications and dosages:

Does the child have any allergies?      Yes      No      If yes, describe \_\_\_\_\_

### **Counseling History**

Has your child had previous psychiatric or psychotherapy services provided (individual or family)

\_\_\_\_\_ Psychiatric medication      \_\_\_\_\_ Psychotherapy or      \_\_\_\_\_ Counseling by a Pastoral  
(either by psychiatrist or other      Counseling by a mental health      Counselor or other  
doctor)      provider

If you checked any of these, please describe when you had services and how helpful they were to you.

If you received those services in the past 5 years.

Name of provider: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Legal History**

Does anyone in the family have any pending legal action or court proceedings?      Yes      No

If yes, explain.

Is anyone in the family currently on probation or parole?      Yes      No

If yes, explain.

### **Developmental History**

Were there any health issues or concerns with the child's pregnancy or delivery?      Yes      No (if yes, explain)

Have there been any delays in development in terms of walking?      Yes      No (if yes, explain)

Have there been any delays in development in terms of talking?      Yes      No (if yes, explain)

Any other delays in development (sitting up, feeding...)?      Yes      No (if yes, explain)

Any difficulty with social skills development (making friends, siblings...)?      Yes      No (if yes, explain)

Explain:

### **Spiritual Functioning and History**

Do you consider yourself a religious or spiritual family?      Yes      No

If yes, what religion do you consider yourself? \_\_\_\_\_

Is there anything you want me to know about you in terms of religion or spirituality?

