Pediatric Behavioral Health Intake

Patient Information

Patient Name

Date of Birth

Age

Gender

▼

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email

Relationship to Patient

Reason for Visit

Primary Concerns/Behaviors

When did the concerns begin?

Medical & Developmental History

Significant Medical Conditions

[ ]

Current Medications

[ ]

Developmental Milestones

[ ]

Allergies

[ ]

School & Social History

School Name

[ ]

Grade

[ ]

Academic / Social Concerns

[ ]

Family & Home Environment

Family Composition

[ ]

Significant Family Stressors

[ ]

Mental Health History

Previous Mental Health Diagnoses or Treatment

[ ]

History of Hospitalizations

Current or Past Therapies