
Parent Intake Form for _____ DOB _____

Please check each item that is true for your child. If you are unsure of what a question means, you may wait and ask the therapist.

I) ADHD SYMPTOMS:

A) INATTENTION

- 1) Often does not give close attention to details or makes careless mistakes in schoolwork, work or other activities.
- 2) Often has difficulty sustaining attention in tasks or play activities.
- 3) Often does not seem to listen when spoken to directly.
- 4) Often does not follow through on instruction and fails to finish schoolwork, chores, or duties (not due to oppositional behavior or failure to understand instructions.)
- 5) Often has difficulty organizing tasks and activities.
- 6) Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework.)
- 7) Often loses things necessary for tasks or activities, such as toys, assignments, books or tools.
- 8) Is often easily distracted by extraneous stimuli.
- 9) Is often forgetful in daily activities.

B) HYPERACTIVITY / IMPULSIVITY

- 1) Often fidgets with hands or feet or squirms in seat.
- 2) Often leaves seat in classroom or in other situations in which remaining seated is expected.
- 3) Often runs about or climbs excessively in situation in which it is inappropriate (adolescents or adults may have feelings of restlessness.)
- 4) Often has difficulty playing or engaging in leisure activities quietly.
- 5) Is often "on the go" or often acts as if "driven by a motor."
- 6) Often talks excessively.
- 7) Often blurts out answer before questions are completed.
- 8) Often has difficulty waiting turn.
- 9) Often interrupts or intrudes on others, such as butting into conversations or games.

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II) DEPRESSION

- 1) Is your child frequently sad or irritable?
- 2) Is your child frequently bored?
- 3) Does your child have poor self esteem?
- 4) Do they have sleeping and/or energy problems?
- 5) Does your child ever speak of death or suicide?

III) ANXIETY

- 1) Is your child overly fearful of things or situations?
- 2) Does your child express excessive worries?
- 3) Does your child fidget or have a lot of nervous energy?
- 4) Is your child afraid of being away from his or her parents?
- 5) Does your child have repetitive behaviors or thoughts?

IV) MOOD

- 1) Does your child have explosive behavior or mood swings?
- 2) Does your child get overly happy, elated, euphoric or hyper-sexual?
- 3) Does your child ever destroy property or are they aggressive with others?
- 4) Does your child ever have distinct episodes of excess energy?
- 5) Does your child ever complain or speak of seeing or hearing things that aren't there?

V) SLEEP

- 1) Does your child have trouble initiating or staying asleep?
- 2) Does your child have trouble sleeping alone?
- 3) Does your child sleep too much?
- 4) Does your child have "Night Terrors" or frequent nightmares?
- 5) Does your child sleep-walk or sleep-talk?

VI) EATING

- 1) Is your child over or under weight?
- 2) Is your child a "picky eater"?
- 3) Does child binge on food?
- 4) Is your child overly concerned about being overweight?
- 5) Does your child vomit frequently or abuse laxatives?

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VII) TEMPERAMENT

- 1) Is your child overly sensitive to touch, temperature or textures?
- 2) Is your child fearful of new situations or loud activities?
- 3) Is your child picky about the tightness and/or texture of clothing?
- 4) Is your child persistent or strong-willed?
- 5) Was this child colicky as a baby?

VIII) PDD

- 1) Does your child have poor eye contact with others?
- 2) Does child have a restricted range of things that they are interested in?
- 3) Was/is this child's language delayed?
- 4) Does this child seek out comfort from parents?
- 5) Does your child get very upset if their routine is changed?

IX) SOMATIC

- 1) Does your child have a lot of physical complaints?
- 2) Does your child have any history of seizures or head trauma?
- 3) Does your child have any allergies?
- 4) Does your child have any vision or hearing problems?
- 5) Does your child have trouble with bed-wetting or having bathroom accidents?

Is there any other information you would like to add?

Signature of Parent/Guardian completing form _____ Date _____