Behavioral Wellness Solutions LLC

Child and Adolescent Intake Form

Client Name _____Date _____

DOB _____/_____/_____ Age _____SSN _____

Address _____

Phone _____ Email _____

Gender_____ Race/Ethnicity _____

Student □ Yes □ No

School Information_____

Parent or Guardian _____

Phone _____ Emergency Contact_____

Relation to Patient_____

Name of Insurance Company _____

Phone _____ Mental Health Carrier_____

Phone_____ (If Different from Primary Insurance Carrier)

Name of Policy Holder_____

Relation to Patient_____

Policy Holder DOB ____/____/_____ SSN of Policy Holder_____

Policy Number _____ Group Number_____

Name, address and phone number of your primary care physician or psychiatrist.

_____

_____

4785 Memphis Avenue, Cleveland, OH 44144 | Phone: 216-563-1180 | Fax: 440-815-2245 | egchupa@bwscleveland.com

Personal History

How did you find out about our practice? _____

What is the primary reason for your visit today? _____

_____
_____
_____
_____

What concern (s) is your child currently experiencing that should be addressed in therapy?

_____
_____
_____
_____

What are your child's hobbies and interests? _____

_____
_____
_____

Family Relationships

Mother's name_____ Age _____

Legal Guardian of Child? □ Yes □ No Lives with child? □ Yes □ No

Address (If different from child) _____

Phone _____ Occupation _____

Father's name_____ Age _____

Legal Guardian of Child? □ Yes □ No Lives with child? □ Yes □ No

Address (If different from child) _____

Phone _____ Occupation _____

What are the current custody/visitation arrangements if applicable? _____

_____
_____

Mental Health History

If applicable, please describe your child's previous mental health treatment:

When	Where	Name of Health Professional	Purpose of Treatment	Results	Reason for Terminating Treatment

Is your child currently on any medication? _____

_____

Please describe sleeping habits:

_____

_____

Please describe eating habits:

_____

_____

Please describe any acting-out behaviors, self-injurious behaviors and drug or alcohol use:

_____

_____

_____