

CHILD INTAKE FORM

Date: _____

Child's Name: _____ Birth Date: _____ Age: _____

Mother's Name: _____ Birth Date: _____ Age: _____

Father's Name: _____ Birth Date: _____ Age: _____

Parents are: _____ Married _____ Unmarried _____ Live Together _____ Live Separately

Address:

(street) (city) (postal code)

Phone: _____
(home) (work) (cell)

Fax: _____ email: _____

Mother's Address and Phone (if different than father's)

Address:

(street) (city) (postal code)

Phone: _____
(home) (work) (cell)

Fax: _____ email: _____

Father's Address and Phone (if different than father's)

Address:

(street) (city) (postal code)

Phone: _____
(home) (work) (cell)

Fax: _____ email: _____

Who referred you to the Center for Prenatal and Perinatal Programs?

Are there any physical, developmental or academic challenges for your child?

Are there any emotional/relationship challenges for your child:

What are your primary concerns or intention in coming for sessions?

CONCEPTION

Was the baby planned? _____ Wanted? _____

Conception: _____ Normal _____ In vitro _____ insemination _____ other

Were there any significant stresses that occurred around conception?

DISCOVERY

Can you describe the you and your partner's attitude toward baby upon discovering pregnancy?

I know this is a very private issue but if the baby was not planned/wanted, was abortion considered by either parent? _____ Attempted? _____

If yes, give circumstances including timing during the pregnancy. Sometimes this is part of the pattern that is showing up just now.

PREGNANCY

What was the mother's health (or health challenges and any medications taken), and diet and exercise during pregnancy and attitude toward developing child?

- Pregnancy continued-

What was the father's attitude toward developing child and support (or lack of support) of mom? If the father was not there for the mom, was there someone else there as a resource or support?

Can you describe the nature of support system in larger community and attitude of these people toward pregnancy (e.g. parents, friends, etc.):

What was the nature of parent's relationship with each other as parents-to-be?

Did either parent smoke or use recreational drugs? _____ If yes, who, and how much?

How often do parents drink alcohol? _____ How often did mom drink and how much at time of pregnancy?

Were there any stresses during pregnancy (e.g. illness, or death of a friend, parent; strained relationship between mom and dad; absence of dad; depression, lack of support from family or friends, financial worries, major moves, etc.)?

Did either parent lose a child to miscarriage, abortion, or early death prior to this pregnancy? _____
If yes, give circumstances and dates, age of fetus or child at time of loss. How did this affect this pregnancy?

BIRTH

Birth location _____ Midwife or Physician's Name: _____

What was the father's or partner's role at birth?

Were there other support people at labor or birth:

Were there any drugs used during pregnancy or labor (for prolonging pregnancy, for inducing, for anesthesia, epidural). Give reason for use:

Were there any labor/birth interventions: Inducing? _____ Forceps? _____ Vacuum extraction? _____ C-Section? _____ (planned or emergency and why?) What was your experience like?:

Episiotomy? _____ Tear? _____ Birth Weight _____ Apgar Scores _____

Were there any other birth complications?:

FIRST HOURS/DAY(S) AFTER BIRTH

Where was your baby the first hour after birth? (With mom? Nursing started? Separated for washing, measuring, testing, incubation? If separated how long?)

First day, was baby with mom or dad most of the time? If not, describe where and why:

NICU? _____ (if yes, how long, reason for NICU, procedures used)

POSTPARTUM

Did you nurse/Are you nursing? _____ How long? _____ Any difficulties/complications?

Describe support (or lack of) you had the first few months after birth:

Describe nature of father's or partner's relationship to child and mom during first weeks, years:

Postpartum, childhood health complications, illnesses for baby or mom including postpartum depression:

If boy, was he circumcised? _____ If yes, complications?

Vaccinated? If yes, any complications?

OTHER RELATIONSHIPS

Siblings: ages, names and nature of relationship. Include children from prior relationships:

Other caregivers important to the child during first year or present time: