Seacoast Mental Health Center, Inc.

1145 Sagamore Avenue Portsmouth NH 03801
30 Magnolia Lane Exeter NH 03833

Child/Adolescent Intake Information

Child's First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Preferred Name: _____ DOB: _____ Last 4 digits SSN: _____

Physical Address: (Town, State, Zip) _____

Mailing Address: (if applicable) _____

Referred by:

Child's Identifying Information:

Sex Assigned at Birth: _____

Gender Identity: ☐ Female ☐ Male ☐ FTM ☐ MTF ☐ Gender Queer ☐ prefer not to disclose ☐ Something else ☐ Unsure/don't know

Pronouns: ☐ Non-binary ☐ Female ☐ Male

Sexual Orientation: ☐ Straight/heterosexual ☐ Gay/lesbian/homosexual ☐ Bisexual ☐ Unsure/questioning ☐ Choose not to disclose ☐ Other: _____

Child's preferred spoken language? _____

Child's preferred written language?

Is your child Hispanic or Latino/Latina? ☐ Yes ☐ No If yes, specify: ☐ Mexican, Mexican/American ☐ Puerto Rican ☐ Cuban ☐ another Hispanic, Latino/Latina or Spanish origin

Race: (if multiracial, check all that apply)

☐ American Indian or Native Alaskan
☐ Black or African American
☐ White/Caucasian
☐ Filipino
☐ Guamanian or Chamorro
☐ Indian
☐ Chinese
☐ Asian
☐ Native Hawaiian
☐ Other Pacific Islander
☐ Korean
☐ Samoan
☐ Japanese
☐ Vietnamese
☐ Other Asian

Living Situation:

☐ Lives with family, extended family, or non-relative
☐ Homeless
☐ Institutional setting (incl. YDC)
☐ Other: _____
☐ Residential care
☐ Foster care/foster home
☐ Crisis residential setting
☐ Jail

DCYF placement contact: _____

Has anyone in the child's family served in the military? ☐ None ☐ Parent(s) ☐ Sibling ☐ Other _____

Income information is collected for statistical purposes only and is used in reporting for Federal Grants

Household size: ____ Total annual income: _____

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Parents/Legal Guardian(s) Information:

1. ***Parent Name:*** _____ DOB: _____

Physical Address:
(Town, State, Zip) _____

Mailing Address:
(if applicable) _____

Marital Status: _____ Primary language: _____ Gender: _____

Phone: H _____ W _____ C _____

Email: _____

What is the best way to contact you? _____ Okay to leave message? ☐ Yes ☐ No

Legal Status: ☐ Joint Custody/Guardianship ☐ Sole Custody/Guardianship ☐ Parental Rights Terminated

2. ***Parent Name:*** _____ DOB: _____

Physical Address:
(Town, State, Zip) _____

Mailing Address:
(if applicable) _____

Marital Status: _____ Primary language: _____ Gender: _____

Phone: H _____ W _____ C _____

Email: _____

What is the best way to contact you? _____ Okay to leave message? ☐ Yes ☐ No

Legal Status: ☐ Joint Custody/Guardianship ☐ Sole Custody/Guardianship ☐ Parental Rights Terminated

Emergency Contact (other than parent(s) listed above):

Name: _____ Phone: _____ Relationship: _____

Address: _____

Why are you seeking help for this child/your family?

_____

_____

_____

_____

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Child's Stressful Events over the Last Year: (check all that apply)

- ☐ Recent hospital discharge
- ☐ Death/divorce/separation
- ☐ Relationship problems
- ☐ Move(s) how many? _____
- ☐ Educational problems
- ☐ Health problems
- ☐ Other: _____
- ☐ Housing problems
- ☐ Access to health care
- ☐ Witness or victim of violence
- ☐ History/current abuse
- ☐ Disability (self or family member)
- ☐ Other family problems
- ☐ Parenting issues
- ☐ Job loss
- ☐ Financial problems
- ☐ Legal problems
- ☐ Loss of a pet

Religious affiliation: _____

Practicing: ☐ None ☐ Most weeks ☐ Daily ☐ Monthly ☐ Weekly ☐ Infrequently ☐ Holidays

What is the role of Faith in family life? _____

Family Stressors:

- ☐ Divorce/separation in family
- ☐ Death of family member
- ☐ Financial difficulties
- ☐ Physical abuse by adult
- ☐ Parental incarceration
- ☐ Parental unemployment
- ☐ Domestic violence
- ☐ Neglect
- ☐ Recent/frequent moves
- ☐ Homelessness
- ☐ Sexual abuse by adult
- ☐ Sexual abuse by peer
- ☐ Parental mental illness
- ☐ Blended family
- ☐ Chaotic home environment
- ☐ Psych/emotional abuse by adult
- ☐ Parental substance abuse
- ☐ Family poverty
- ☐ Extended medical absence of parent
- ☐ Unstructured home environment
- Other: _____

Family History:

Is your child adopted? ☐ Yes ☐ No

If yes, was the adoption open or closed? _____

If yes, what does your child know about their adoption? _____

Parent's Status: ☐ Married to each other ☐ Divorced ☐ Legally separated ☐ Never married/partnered ☐ Widowed Other: _____

What are your child's custody arrangements? Check all that apply. (Provide a copy of your current Parenting Plan, if applicable)

- ☐ Intact family system
- ☐ Mother has sole custody
- ☐ Mother's parental rights terminated
- ☐ Foster care
- ☐ Other family member has guardianship
- ☐ Other: _____
- ☐ Joint legal and physical custody
- ☐ Father has sole custody
- ☐ Father's parental rights terminated
- ☐ DCYF guardianship

Emotional/Psychiatric History:

Has the child had prior outpatient psychotherapy? ☐ Yes ☐ No

If yes, where was the last outpatient psychotherapy received? _____

Has the child been hospitalized for a psychiatric, emotional or substance use disorder? ☐ Yes ☐ No

If yes, where, and when was the last hospitalization? _____

Developmental History:

Problems during mother's pregnancy

- ☐ None
- ☐ Bleeding
- ☐ High blood pressure
- ☐ Alcohol use
- ☐ Kidney infection
- ☐ Drug use
- ☐ German measles
- ☐ Cigarette use
- ☐ Emotional stress
- ☐ Other:

Birth

- ☐ Normal delivery
- ☐ Difficult delivery
- ☐ Cesarean delivery
- ☐ Complications:

Infancy problems

- ☐ None
- ☐ Feeding problems
- ☐ Sleep problems
- ☐ Toilet training problems

Birth weight _____ lbs _____ oz

Delayed Developmental Milestones (check only those milestones that did not occur at expected age)

- ☐ Sitting
- ☐ Rolling over
- ☐ Standing
- ☐ Walking
- ☐ Feeding self
- ☐ Playing cooperatively
- ☐ Speaking words
- ☐ Speaking sentences
- ☐ Riding tricycle
- ☐ Riding bicycle
- ☐ Controlling bladder
- ☐ Controlling bowels
- ☐ Sleeping alone
- ☐ Dressing self
- ☐ Engaging peers
- ☐ Tolerating separation

Other: _____

Social Interaction

- ☐ Normal social interaction
- ☐ Dominates others
- ☐ Inappropriate sex play
- ☐ Associates with acting out peers
- ☐ Very shy
- ☐ Isolates self
- ☐ Alienates self

Other: _____

Intellectual Functioning

- ☐ Normal intelligence
- ☐ High intelligence
- ☐ Learning problems
- ☐ Attentional problems
- ☐ Mild intellectual disability
- ☐ Moderate intellectual disability
- ☐ Severe intellectual disability

Describe any other developmental problems or issues:

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History of Trauma:

Has your child been a victim of or a witness to:

- ☐ Neglect
- ☐ Physical abuse
- ☐ Emotional abuse
- ☐ Natural disaster
- ☐ Domestic violence
- ☐ Sexual abuse
- ☐ Serious accident
- ☐ Fire
- ☐ Vicarious trauma (exposure to the trauma of others)
- ☐ Community violence
- ☐ Terrorism/war
- ☐ Medical trauma

Other: _____

Educational Functioning:

- ☐ High achievement
- ☐ Satisfactory achievement
- ☐ Underachieving
- ☐ Special Ed supports
- ☐ ↓ Grades in the past year
- ☐ High school graduate
- ☐ GED
- ☐ Dropped out
- ☐ 504 Plan
- ☐ ↓ School attendance
- ☐ Title I
- ☐ IEP:
  - ☐ ED
  - ☐ LD
  - ☐ Autism
  - ☐ Other Health
  - ☐ MR
  - ☐ TBI
  - ☐ Hearing
  - ☐ Speech/language

Current or highest grade completed: _____ School: _____

Legal Involvement:

- ☐ No legal involvement
- ☐ DCYF – abuse/neglect
- ☐ Court mandated treatment
- ☐ Guardian ad litem
- ☐ Arrest(s) not substance related
- ☐ Vandalism
- ☐ Diversion
- ☐ Delinquency
- ☐ Outpatient treatment commitment
- ☐ Arrest(s) substance related
- ☐ Criminal mischief
- ☐ Trespassing
- ☐ CHINS
- ☐ Charges pending
- ☐ Probation
- ☐ Sununu Center/Placement
- ☐ Assault/sexual assault
- ☐ Arson

GAL: _____ Phone: _____

DCYF Worker: _____ Phone: _____

Number of arrests: _____ Date of last arrest: _____

Safety Assessment:

Does your child or anyone in your household own/carry a firearm or other weapon? ☐ Yes ☐ No

Does your child have access to firearms or other weapons from another source? ☐ Yes ☐ No

If yes, what type of safety precautions are in place? _____

_____ _____ _____ _____

Parent/Guardian signature Date Staff signature Date