

# intake questionnaire

This questionnaire is designed to assist with understanding your child's circumstances and to select appropriate interventions. Please complete all sections as accurately as possible. It should take you about 30 minutes.

## family information

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Sex:      Male      Female      Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Person filling out this form:    Mother    Father    Stepmother    Stepfather  
Other (please explain): \_\_\_\_\_  
If separated or divorced, how old was the child when separation occurred?  
List any legal proceedings currently occurring:  
List of people living in household:

Name	Relationship to child	Age
------	-----------------------	-----

If any brothers or sisters are living outside the home, list their names and ages:

If separated/divorced, who has majority custody:

Is the other parent aware of this referral?    Yes    No    (tick one)

Do you identify as being a member of any of the following cultural groups?

Aboriginal    Torres Strait /South Sea Islander    Both (Ab/TS/SSI)    Other Cultural Group

Does your child identify as a member of any of the following cultural groups?

Aboriginal    Torres Strait /South Sea Islander    Both (Ab/TS/SSI)    Other Cultural Group

## your concerns

Briefly describe your concerns

How long has this problem been of concern to you?

When the problem was first noticed?

What seems to help the problem?

What seems to make the problem worse?

Has your child received evaluation or treatment for the current problem? Yes

No (tick one)

If Yes, when and whom?

Is the child on any medication at this time? Yes No (tick one)

If yes, please note the kind of medication:

## social and behavioural concerns

Please place a tick next to any behaviour or problem your child *currently* exhibits:

- |   |                                      |
|---|--------------------------------------|
| Has difficulty with speech  | Bangs head                           |
| Has difficulty with hearing   | Holds breath                         |
| Has difficulty with language  | Eats poorly                          |
| Has difficulty with vision  | Has poor bowel movement (soils self) |
| Has difficulty with coordination  | Is much too active                   |
| Prefers to be alone   | Is clumsy                            |
| Does not get along well with siblings                                     | Has blank spells                     |
| Is aggressive   | Is impulsive                         |
| Is shy or timid   | Shows daredevil behaviour            |
| Is more interested in things (objects) than people                        | Is slow to learn                     |
| Engages in behaviour that could be dangerous to self or others (describe) | Bites nails                          |
|   | Sucks thumbs                         |
|   | Is stubborn                          |
|   | Wets bed                             |
| Has special fears, habits, or mannerisms (describe)                       | Gives up easily (describe)           |

## birth and infancy

During pregnancy was the mother on medication? Yes No (tick one)

If yes, what kind?

During pregnancy did the mother smoke? Yes No (tick one)

If Yes, how many cigarettes per day?

During pregnancy did mother drink alcoholic beverages? Yes No (tick one)

If Yes, what kind?

Were forceps used during delivery? Yes No (tick one)

Was a caesarean section performed? Yes No (tick one)

If yes, for what reason?

Was the child premature? Yes No (tick one)

If so how many weeks?

What was the child's birth weight?

Were there any complications? Yes No (tick one)  
If yes, please describe:

Were there any feeding problems? Yes No (tick one)  
If yes please describe:

Were there any sleeping problems? Yes No (tick one)  
If yes, please describe:

As an infant, was the child quiet? Yes No (tick one)

As an infant, did the child like to be held? Yes No (tick one)

As an infant was the child alert? Yes No (tick one)

Were there any special problems in growth and development of the child during the first few years? Yes No (tick one)

If yes, please describe:

**Below are a list of infant and preschool behaviours. Please indicate the age at which your child first demonstrated each behaviour. If you are not certain of the age but have some idea, write the age followed by a question mark. If you don't remember the age at which the behaviour occurred, write a question mark.**

Behaviour	Age	Behaviour	Age
Showed response to mother		Put several words together	
Rolled over		Dressed self	
Sat alone		Became toilet trained	
Crawled		Stayed dry at night	
Walked alone		Fed self	
Babbled		Rode tricycle	
Spoke first word			

## child's medical history

**Place a tick next to any illness or condition that your child has had. When you tick an item, please note the approximate date or age of the illness.**

Illness/condition	Date(s)/Age	Illness/condition	Date(s)/Age
Measles		Chicken Pox	
German measles		Whooping cough	
Mumps		Diphtheria	
Memory problems		Bone or joint disease	
Extreme tiredness or weakness		Gonorrhoea or syphilis	
Rheumatic fever		Jaundice/hepatitis	
Epilepsy		Diabetes	
Tuberculosis		Cancer	
Eczema or hives		Scarlet fever	
Suicide attempt		Anaemia	
Asthma		High blood pressure	

Date(s)/Age	Illness/condition	Date(s)/Age
Bleeding problems	Heart disease	
Meningitis	Encephalitis	
High fever	Hay Fever	
Convulsions	Injuries to head	
Allergy	Broken bones	
Hospitalisations	Operations	
Ear problems (disease, infections, injury, impaired hearing)	Visual problems	
Paralysis	Faint spells	
Dizziness	Loss of consciousness	
Difficulty concentrating	Frequent or severe headaches	

### family medical history

Tick	Condition	Relationship to the child	Tick	Condition	Relationship to the child
	Alcoholism			Nervous or psychological problems	
	Cancer			Depression	
	Diabetes			Suicide attempt	
	Heart Trouble			Learning difficulties	
	ADHD			Other (describe)	
	Autism				

### other information

What are your child's favourite activities?

What activities does your child like least?

Has your child been in trouble with the law? Yes No  
If Yes then please describe briefly

Describe what disciplinary techniques do you use when your child misbehaves?

What assets or strengths does your child have?

Is there any other information you think may help us in working with your child?

# CAPS

Child's Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Form Completed By: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

For each item below, **Mark an X for the one category that best describes your child during the past 6 months.**

**None** = the child never or very rarely exhibits this behavior. **Mild** = the child exhibits this behavior approximately once per week, and few others notice or complain about this behavior. **Moderate** = the child exhibits this behavior at least three times per week, and others notice or comment on this behavior. **Severe** = the child exhibits this behavior almost daily, and multiple others complain about this behavior. **Past** = the child used to have significant problems with this behavior, **but not during the past 6 months.**

	None	Mild	Moderate	Severe	Past
1. Has difficulty separating from parents* (* = or major caregiver/guardian)	_____	_____	_____	_____	_____
2. Worries excessively about losing or harm occurring to parents*	_____	_____	_____	_____	_____
3. Worries about being separated from parent* (getting lost or kidnapped)	_____	_____	_____	_____	_____
4. Resists going to school or elsewhere because of fears of separation	_____	_____	_____	_____	_____
5. Resists being alone or without parents*	_____	_____	_____	_____	_____
6. Has difficulty going to sleep without parent nearby	_____	_____	_____	_____	_____
7. Physical complaints (headache, stomach ache, nausea) when anticipating separation	_____	_____	_____	_____	_____
8. Has discrete periods of intense fear that peak within 10 minutes	_____	_____	_____	_____	_____
9. Has excessive, unreasonable fear of a specific object or situation	_____	_____	_____	_____	_____
10. Has recurrent thoughts that cause marked distress (e.g., fears germs)	_____	_____	_____	_____	_____
11. Driven to perform repetitive behaviors (e.g., handwashing, doing things 3 times)	_____	_____	_____	_____	_____
12. Has recurrent, distressing recollections of past difficult or painful events	_____	_____	_____	_____	_____
13. Worries excessively about multiple things (e.g., school, family, health, etc.)	_____	_____	_____	_____	_____
14. Goes to the bathroom at inappropriate times or places	_____	_____	_____	_____	_____
15. Makes noises, and is often unaware of them	_____	_____	_____	_____	_____
16. Makes repetitive, sudden, nonrhythmic movements	_____	_____	_____	_____	_____
17. Fails to pay close attention to details or makes careless mistakes	_____	_____	_____	_____	_____
18. Has difficulty sustaining attention during play or school activities	_____	_____	_____	_____	_____
19. Does not seem to listen when spoken to directly	_____	_____	_____	_____	_____
20. Does not follow through on instructions; fails to finish schoolwork/chores	_____	_____	_____	_____	_____
21. Has difficulty organizing tasks and activities	_____	_____	_____	_____	_____
22. Loses things necessary for tasks or activities (toys, pencils, etc.)	_____	_____	_____	_____	_____
23. Is easily distracted easily by irrelevant stimuli	_____	_____	_____	_____	_____
24. Is forgetful in daily activities	_____	_____	_____	_____	_____
25. Is fidgety or squirms in seat	_____	_____	_____	_____	_____
26. Has difficulty remaining seated	_____	_____	_____	_____	_____
27. Runs or climbs excessively; is restless	_____	_____	_____	_____	_____
28. Talks excessively	_____	_____	_____	_____	_____
29. Blurts out answers before questions have been completed	_____	_____	_____	_____	_____
30. Has difficulty waiting turn	_____	_____	_____	_____	_____
31. Interrupts or intrude on others	_____	_____	_____	_____	_____
32. Episodes of unusually elevated or irritable mood	_____	_____	_____	_____	_____
33. During this episode, grandiosity or markedly inflated self-esteem (Superhero )	_____	_____	_____	_____	_____
34. During this episode, is more talkative than usual/seems pressured to keep talking	_____	_____	_____	_____	_____
35. During this episode, races from thought to thought	_____	_____	_____	_____	_____
36. During this episode, is very distractible	_____	_____	_____	_____	_____
37. During this episode, excessively involved in things (too religious, hypersexual)	_____	_____	_____	_____	_____
38. During this episode, dangerous involvement in pleasurable activity (spending, sex)	_____	_____	_____	_____	_____
39. Depressed or irritable mood most of the day, most days for at least 1 week	_____	_____	_____	_____	_____
40. Loss of interest in previously enjoyable activities	_____	_____	_____	_____	_____
41. Notable change in appetite (not when dieting or trying to gain weight)	_____	_____	_____	_____	_____
42. Difficulty falling or staying asleep, or sleeping excessively through the day	_____	_____	_____	_____	_____

## Child/Adolescent Psychiatry Screen (CAPS) - continued

	None	Mild	Moderate	Severe	Past
43. Others notice child is sluggish or agitated most of the time	_____	_____	_____	_____	_____
44. Loss of energy nearly every day	_____	_____	_____	_____	_____
45. Feelings of worthlessness or inappropriate guilt nearly every day	_____	_____	_____	_____	_____
46. Thinks about dying or wouldn't care if died	_____	_____	_____	_____	_____
47. Smokes cigarettes, drinks alcohol, OR abuses drugs (Circle all that apply)	_____	_____	_____	_____	_____
48. Has bad things happen when under the influence of substances	_____	_____	_____	_____	_____
49. Has made unsuccessful efforts to stop using a substance	_____	_____	_____	_____	_____
50. Is excessively worried about gaining weight, even though underweight	_____	_____	_____	_____	_____
51. If female, has stopped having menstrual cycles (after regularly having)	_____	_____	_____	_____	_____
52. Thinks he/she is fat, even though not overweight (pulls skin and claims is fat, etc.)	_____	_____	_____	_____	_____
53. Engages in bingeing and purging (eats excessively, then vomits or uses laxatives)	_____	_____	_____	_____	_____
54. Bullies, threatens, or intimidates others	_____	_____	_____	_____	_____
55. Initiates physical fights	_____	_____	_____	_____	_____
56. Uses weapons that could harm others	_____	_____	_____	_____	_____
57. Has been physically cruel to animals	_____	_____	_____	_____	_____
58. Has shoplifted or stolen items	_____	_____	_____	_____	_____
59. Has deliberately set fires	_____	_____	_____	_____	_____
60. Has deliberately destroyed others' property	_____	_____	_____	_____	_____
61. Lies to obtain goods or to avoid obligations	_____	_____	_____	_____	_____
62. Stays out at night despite parental prohibitions	_____	_____	_____	_____	_____
63. Has run away from home overnight on at least two occasions	_____	_____	_____	_____	_____
64. Is truant from school	_____	_____	_____	_____	_____
65. Loses temper	_____	_____	_____	_____	_____
66. Actively defies or refuses to comply with adult rules	_____	_____	_____	_____	_____
67. Deliberately annoys others	_____	_____	_____	_____	_____
68. Blames others for his/her mistakes or misbehavior	_____	_____	_____	_____	_____
69. Easily annoyed by others	_____	_____	_____	_____	_____
70. Is spiteful or vindictive	_____	_____	_____	_____	_____
71. Has unusual thoughts that others cannot understand or believe	_____	_____	_____	_____	_____
72. Hears voices speaking to him/her that others don't hear	_____	_____	_____	_____	_____
73. Does poorly at sports or games requiring physical coordination skills	_____	_____	_____	_____	_____
74. Has difficulty at school with: reading, writing, math, spelling (Circle all that apply)	_____	_____	_____	_____	_____
75. Had delayed speech or has limited language now	_____	_____	_____	_____	_____
76. Avoids eye contact during conversations	_____	_____	_____	_____	_____
77. Does not follow when others point to objects	_____	_____	_____	_____	_____
78. Shows little interest in others; emotionally out of sync with others	_____	_____	_____	_____	_____
79. Difficulty starting, stopping conversation; continues talking after others lose interest	_____	_____	_____	_____	_____
80. Uses unusual phrases, possibly over and over (speaks Disney or movie lines)	_____	_____	_____	_____	_____
81. Does not engage in make-believe play; plays more alone than with others	_____	_____	_____	_____	_____
82. Unusual preoccupations with objects or unusual routines (lines up 100's of cars, etc.)	_____	_____	_____	_____	_____
83. Difficulty with transitions; may be inflexible about adhering to routines or rules	_____	_____	_____	_____	_____
84. Shows unusual physical mannerisms (hand-flapping, shrieks, objects in mouth, etc.)	_____	_____	_____	_____	_____
85. Unusual preoccupations (schedules, own alphabet, weather reports, etc.)	_____	_____	_____	_____	_____

Thank you for answering each of these items. Please list any other symptoms that concern you:

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## how to submit this form

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