



109 Park Washington Court • Falls Church , Virginia 22046 • T: (703) 533-5825 x 103 • F: (703) 533-8431

David F. Flohr, Ph.D., CGP
FIN 54-1763668
VA. Lic. No. 0701-001679

CHILD INTAKE QUESTIONNAIRE

This form will allow you to provide us with valuable background information as we move forward. Please complete all sections carefully and share in your own words and through your own experience what you know about your child.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Relationship: \_\_\_\_\_

Who is in the family and their ages?

Four horizontal lines for writing the family members and their ages.

What current concerns led you to consider the therapy for your child?

Four horizontal lines for writing current concerns.

Describe the history and development of these concerns throughout your child's life.

Four horizontal lines for writing the history and development of concerns.



*Relationship-based child & adolescent therapy groups*

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Please provide any other developmental and/or family information (critical incidents, traumas, special circumstances) which you feel would be helpful to us in our work with your child.

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What changes do you hope to see in your child's overall development at the conclusion of therapy?

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What changes do you hope to see in your development as a parent at the conclusion of therapy?

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Describe your style of parenting. Include what you see as particularly important in the parent-child relationship. What are your central family values? Your approach to discipline and limit setting?

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Describe your child's peer relationships. How does she/he engage with peers and adults? What are her/his typical patterns of relating with others?

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What impacts do you see your child's difficulties having on family life? On other specific family members?

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Describe your various attempts to help your child deal effectively with the above listed concerns. What have been the results of your efforts?

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Describe your families previous involvement with "helping professionals". Include details of who, when, for what presenting reasons as well as your assessment of the outcome of any interventions and/or psychotherapies.

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List any significant medical history. Include previous and/or current medications which are or have been used.

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Attach any relevant evaluations, records etc.