

Name:

Date of Birth:

Age:

Gender:

Freedom First Psychological Services, PLLC

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Licensed Psychologist

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Child/Adolescent Intake Paperwork

1. Parent(s) Names: _____

2. School Name: _____

3. Grade _____

Regular Education Special Education

504 Plan

IEP

IEP Classification: _____

4. Concerns at school? _____

5. Has the child/adolescent ever been hospitalized for psychiatric reasons?

Dates	Name of Hospital	Reason for Hospitalization

6. Has the child/adolescent ever attended outpatient treatment with a counselor, psychologist or psychiatrist?

Dates	Name of Clinic/Clinician	Frequency of Treatment

7. Medical history:

Weeks Gestation at Birth: _____ Vaginal or c-section birth: _____

Birth weight: _____ Any problems during the pregnancy or birth? _____

At what age did the child/adolescent first:

Sit:		Say first words:	
Stand:		Speak more complete sentences:	
Walk:		Toilet train:	

Name:

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Age:

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8. Please list any medical problems:

9. Please list any medications:

10. Please list any hospitalizations and/or surgeries:

11. Is there a family history of

Psychiatric problems?

No Yes _____

Alcohol or drug problems?

No Yes _____

Cognitive problems?

No Yes _____

12. Please briefly describe your concerns that have led to seeking out mental health treatment:

Please bring to your scheduled appointment this intake form completed and any documents that may be helpful to the initial intake appointment. Such documents may be related to school history or services, previous evaluations or mental health treatment, and/or names and contact information for other treatment providers.