

PSYCHIATRY ASSOCIATES OF BATON ROUGE, LLC

CHILD AND ADOLESCENT PSYCHIATRIC INTAKE FORM – PAGE 1

Personal Information

Child name:			
Child age:		Child DOB:	
Child sex:		Biological <input type="checkbox"/> Adopted <input type="checkbox"/> Foster <input type="checkbox"/>	
Father's name:		Father's occupation:	
Father's cell phone:		Father's work phone:	
Mother's name:		Mother's occupation:	
Mother's cell phone:		Mother's work phone:	
Parents' marital status:	Married <input type="checkbox"/> Cohabiting <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried <input type="checkbox"/> Other:		
If divorced, what are the custody arrangements? <i>Please bring a copy of the custody agreement to the appointment.</i>			
Home address:			
Second home address:			
Home phone:			
Siblings (name and age):			
Non-parent emergency contact (name, phone number, relationship):			

Educational History

School:			
	Public <input type="checkbox"/> Private <input type="checkbox"/>		
Grade level:		GPA or average grades:	
IEP or 504 accommodation plan:			
Ever held back or failed? If so, which grades?			
Detentions or suspensions?			
Past psycho-educational testing? If so, when and by whom? <i>Please bring a copy to the appointment.</i>			

Medical History

Chronic medical problems:	None <input type="checkbox"/>
Major surgeries:	None <input type="checkbox"/>
Allergies:	NKDA <input type="checkbox"/>

PSYCHIATRY ASSOCIATES OF BATON ROUGE, LLC

CHILD AND ADOLESCENT PSYCHIATRIC INTAKE FORM – PAGE 2

Daily medications:	None <input type="checkbox"/>		
Primary care doctor:			
Developmental History			
Pregnancy:	Normal <input type="checkbox"/> Complications:		
Drugs during pregnancy:	None <input type="checkbox"/> Yes, exposure to:		
Birth:	Full term <input type="checkbox"/> Premature <input type="checkbox"/> Complications:		
Health of baby:	Healthy baby <input type="checkbox"/> Complications:		
Developmental milestones:	Walking ____ months Potty training complete by ____ months Talking ____ months		
Developmental therapy:	None <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/>		
Family History			
Mother and maternal family:	Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> ADHD <input type="checkbox"/> Drug or alcohol problems <input type="checkbox"/> Other:		
Father and paternal family:	Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> ADHD <input type="checkbox"/> Drug or alcohol problems <input type="checkbox"/> Other:		
Psychiatric History			
Past or current psychiatrist:	None <input type="checkbox"/>		
Past or current therapist:	None <input type="checkbox"/>		
Past psychiatric diagnosis:	None <input type="checkbox"/>		
Past psychiatric hospitalizations:	None <input type="checkbox"/>		
Past suicide attempts:	None <input type="checkbox"/>		
Self-injurious behavior or cutting:	None <input type="checkbox"/>		
Past psychiatric medications: <i>Circle medications taken before. Please bring current prescriptions.</i>	Prozac Celexa Lexapro Zoloft Luvox Effexor Cymbalta Pristiq Others:	Buspar Abilify Seroquel Zyprexa Risperdal Lithium Depakote Lammictal	Adderall Vyvanse Ritalin Focalin Concerta Daytrana Clonidine Intuniv
Please bring the completed form to the office at 9229 Bluebonnet Blvd. Baton Rouge, LA, 70810, fax to (225) 769-4795, or bring to your appointment.			