

Dr. Raymond F. Castellino

1105 N. Ontare Rd., Santa Barbara, CA 93105 Ph: (805) 687-2897 Fax: (805) 687-4719

CHILD INTAKE FORM

Today's Date _____

Child's Full Name _____ Birth date _____ Age _____

Mother's Full Name _____ Birth date _____ Age _____

Father's Full Name _____ Birth date _____ Age _____

Parents Are: Married _____ Unmarried _____ Live together _____ Live separately _____

Family Contact Information (or mother's if parents live separately)

street address city zip

Phone: (Home) _____ (Work) _____ (Cell) _____

Fax: _____ Email: _____

Father's Contact Information (only if different from mother's info)

street address city zip

Phone: (Home) _____ (Work) _____ (Cell) _____

Fax: _____ Email: _____

Who referred you to us? _____

Current physical, developmental, or academic challenges for child:

Current emotional/relationship challenges for child:

Primary concerns of parents, intention in coming for sessions:

Conception

Was baby planned? Wanted?

Conception: Normal ____ In-vitro ____ Insemination ____ Other ____

If any stress occurred around ability to, or intention conceive or not, please describe:

If known, was the baby conceived while either parent was using alcohol or drugs?

Discovery

Mom and dad's attitude toward baby upon discovering pregnancy:

If baby was not wanted, was abortion considered by either parent? __ Attempted? __
If yes, give circumstances including timing during the pregnancy.

Pregnancy

Mom's health (or health challenges & medications taken), and diet and exercise during pregnancy and attitude toward developing child.

Dad's attitude toward developing child and support (or lack of support) of mom:

Nature of support system in larger community and attitude of these people toward pregnancy (e.g. parents, friends, etc.)

Nature of parents' relationship with each other and as parents to be:

.

Did either parent smoke or use recreational drugs? _____ If yes, who and how much?

How often do parents drink alcohol? How often did mom drink and how much at a time during pregnancy?

Describe any stresses during pregnancy (e.g., illness or death of friend, parent; strained relationship between mom and dad; absence of dad; depression, lack of support from family or friends, financial worries, major moves, etc.)

Did either parent lose a child to miscarriage, abortion, or early death prior to this pregnancy? ____ If yes, please give circumstances and dates, age of fetus or child at time of loss. How did this affect this pregnancy?

Birth

Birth location _____ Midwife or OB's name _____

Father's role at the birth:

Other support people at labor or birth:

Drugs used during pregnancy or labor (for prolonging pregnancy, for inducing, for anesthesia, epidurals): Give reason for use.

Labor/Birth interventions: Induction? ____ Forceps? ____ Vacuum extraction? ____ C-Section? ____ [Planned or emergency and why?] Please describe your experience.

Episiotomy? ____ Tear? ____ Birth Weight _____ APGAR Scores _____

Other birth complications:

First Hour/Day(s) After Birth

Where was your baby the first hour after birth? (With mom? Had nursing started? Separated for washing, measuring, testing, intubation? If separated, how long?)

First day, was baby with mom or dad most of the time? ____
If not, describe where and why

NICU? _____ (if yes, how long, reason for NICU, procedures used)

Postpartum

Did you/are you nursing? ____ How long? _____ Any difficulties, complications?

Describe support (or lack of) you had first few months after birth.

Describe nature of father's relationship to child & mom during first weeks, years.

Postpartum, childhood health complications, illnesses for baby or mom including postpartum depression:

If boy, was he circumcised? ____ If yes, any complications? ____

Vaccinated? ____ If yes, any complications?

Other Relationships

Siblings: Please list ages, names and nature of relationships. Include children from prior relationships.

Please list other caregivers important to the child during first year or present time: