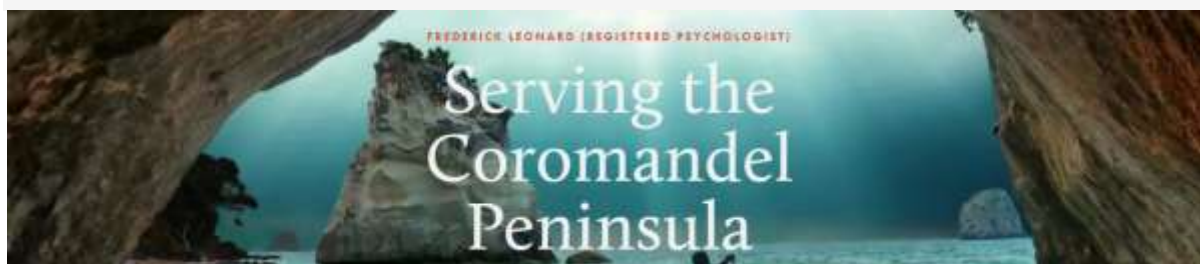


WHITIANGA PSYCHOLOGY



Intake & Registration Form

This information is confidential and is restricted to Whitianga Psychology and the person filling out this form. This information relates to the situation as seen at the time of intervention support only.

Referred Person's Name: _____ Date: _____

DoB: _____ Age: _____ Gender: _____ Place of Birth: _____

School: _____ Year Level: _____

Home Address: _____ Postal Code: _____

What are the concerns or difficulties that brought us together at this time?

FAMILY INFORMATION

Mother's Name: _____ Age Birthdate: _____

Occupation: _____

Education: _____

Mobile: _____ Email: _____

Father's Name: _____ Age Birthdate: _____

Occupation: _____

Education: _____

Mobile: _____ Email: _____

Is the referred young person living with both parents? **Yes No**

If parents are living apart, is the other parent aware that psychological services are accessed for the referred person? **Yes No** (A consent form must be signed by the other parent if parents are living apart)

Please list the other parent's information below:

Name and Best Contact Number: _____

Address: _____

If the referred young person is not living with both biological parents, describe living/visitation arrangements: _____

Siblings

Name	Gender	Age	School/Occupation

Other People living in the Home

Name	Gender	Age	Relation

How does the young person get along with his/her:

Mother?	Father?
Brother(s)?	Sister(s)?

If applicable, relationship with parent's partner or step-parent? _____

DEVELOPMENTAL AND HEALTH INFORMATION

GP/Paediatrician's name: _____ Telephone: _____

Date of last doctor's visit: _____

What is the referred young person's current health? Excellent Good Fair

Is the referred person currently taking medication (if yes, what kind)? _____

History of ear infections (if yes, what frequency)? _____

Has the referred person ever had a head injury (loss of consciousness), seizures, hospitalisations or surgery? If yes, please elaborate: _____

Weight at birth: _____ Months Carried: _____ Type of Delivery: _____

Mother's age at delivery: _____ Health during pregnancy: _____

Complications during pregnancy or birth? _____
_____Describe the referred young person's health during and after delivery: _____
_____Describe the referred young person as a baby: _____

Tick the items that apply to the referred young person's behaviour when he/she was an infant:

- | | | |
|---|--|---|
| <input type="checkbox"/> Frequently smiled | <input type="checkbox"/> Easy to soothe | <input type="checkbox"/> Frequently cried |
| <input type="checkbox"/> Difficult to soothe | <input type="checkbox"/> Cried when wet | <input type="checkbox"/> Enjoyed being held |
| <input type="checkbox"/> Enjoyed being rocked | <input type="checkbox"/> Difficulty with novelty | <input type="checkbox"/> Adapted easily to new situations |

As a toddler, was (is) the referred person:

- | | | |
|---------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Independent | <input type="checkbox"/> Talkative | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Fearless | <input type="checkbox"/> Overactive | <input type="checkbox"/> Daring |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Compliant | <input type="checkbox"/> Quiet |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Adaptable |
| <input type="checkbox"/> Distractible | <input type="checkbox"/> Friendly | <input type="checkbox"/> Defiant |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Easy to discipline | <input type="checkbox"/> Other _____ |

Please provide approximate AGES for the following:

Sat up: _____ Crawled: _____ Walked: _____ Stopped bottle/breast feeding: _____

Toilet trained: _____ First word: _____ Spoke a sentence: _____

What language(s) do you speak at home? _____

Religious Affiliation: _____

Where does the referred young person sleep? Describe bedtime routine: _____

Unusual fears? (describe if any): _____

Who usually disciplines the referred young person? _____

How is the referred young person usually disciplined? _____

Usually for what reason/s? _____

How does he/she respond to discipline? _____

Do parents differ on discipline? No - Yes If yes, how? _____

Please mark any areas which present as a current issue for referred young person:

Eating/drinking		Sleeping & bed time routines	
Nightmares		Thumb sucking	
Nail biting		Bedwetting	
Wetting in clothing		Soiling in clothing/bed	
Getting along with friends		Self-help skills (eating, dressing, bathing)	

SCHOOL AND EDUCATIONAL INFORMATION

By whom is/was the referred young person cared for during daytime as an infant? _____

Age he/she started preschool/kindergarten? _____

List schools the referred young person has attended (include preschools/kindergartens if applicable):

Reasons for Leaving: _____

How does the referred young person achieve academically at school? _____

In what school situations does he/she perform best? _____

In what school subjects does he/she perform best? _____

In what school situations does he/she perform worst? _____

In what school subjects does he/she perform worst? _____

Has the referred young person ever received extra support in the past? If yes, for what/how long?

Is there any family member (sibling, parent, grandparent, cousin, etc.) who presently or in the past have (or had) learning or behaviour difficulties? If yes, who and what kind?

Is there any formal or suspected family history of attention difficulties? No _____ Yes _____

If yes, who and what kind/type? _____

The referred young person's feelings about school? _____

Your feelings about the school program for your child? _____

SOCIAL AND EMOTIONAL INFORMATION

What are the referred young person's major interest and hobbies? _____

Does he/she take part in extracurricular activities? If yes, what kind? _____

When interacting with peers, how would you described the referred young person?

_____ Withdrawn _____ Disinterested _____ Assertive _____ Aggressive

_____ Friendly _____ Thoughtful _____ Leader _____ Follower

Do you think he/she is having difficulties at school? _____

Do you think he/she is having difficulties at home? _____

What do you consider the issues to be? _____

When and how did it begin? _____

Are there any past/present circumstances that you think could relate to the referred young person's present issues?

Has the referred young person ever experienced any traumatic events (e.g., death of a close relative/friend/pet or an accident, etc.)? If yes, please describe: _____

Is there a history of physical or sexual abuse, family violence or neglect? Yes No

If yes, please elaborate: _____

Has the referred young person ever taken medication for behaviour, attention or emotional issues? If yes, please provide:

Date(s):	Name of dr.	Medication:

Has the referred young person previously received counselling/psychological support? If yes, please provide:

Date(s):	Name of practice:	Name of person:

Has the referred young person ever completed psycho-educational or psychological assessments? If yes, please provide:

Date(s):	Name of practice:	Name of person:

Has the referred young person ever received Speech/language, Occupational or Physiotherapy? If yes, please provide:

Date(s):	Name of agency/therapist(s):	Which services:

Does anyone in the family have (or had) a psychological issue or an issue with drugs/alcohol? If yes, who is the person and what was the issue? _____

What are the strengths of the referred young person? _____

What results do you want to achieve with this support? _____

Please note that Whitianga Psychology do not confirm appointments, although I provide a courtesy appointment reminder via txt message. Even in the event that you do not receive a courtesy reminder, you are still responsible to honour your appointment. Please list your mobile number underneath if you would like a courtesy reminder:

Name: _____ Mobile: _____

How were you referred to Whitianga Psychology? _____

Details of referral source/person: _____

May I contact and thank the person responsible for the referral? _____

Consent for Psychological Intervention/Support

I give my consent for intervention/support by Whitianga Psychology for myself and/or my family member/s.

Your signature:

Date:

Print name:

Relation to referred person: