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## Intake Form

### General Information

Parent name \_\_\_\_\_

Marital Status \_\_\_\_\_

Employed? Yes \_\_\_\_ No \_\_\_\_\_

Occupation \_\_\_\_\_

Parent Name \_\_\_\_\_

Marital Status \_\_\_\_\_

Employed? Yes \_\_\_\_ No \_\_\_\_\_

Occupation \_\_\_\_\_

Child name \_\_\_\_\_ DOB \_\_\_\_\_

Sibling Name \_\_\_\_\_ DOB \_\_\_\_\_

Sibling Name \_\_\_\_\_ DOB \_\_\_\_\_

Sibling Name \_\_\_\_\_ DOB \_\_\_\_\_

Any additional persons living in home with child?

Please list: \_\_\_\_\_

Child Care (nanny, home day care, day care center)

Please indicate: \_\_\_\_\_

How many hours per week? \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Preferred Phone \_\_\_\_\_

How were you referred? \_\_\_\_\_

Child's /Family History

What is your child's birth history?

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Did he/she spend any item in the hospital after birth? Yes \_\_\_\_\_ No \_\_\_\_\_

Any other hospitalizations or illnesses for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what reason? \_\_\_\_\_

Dates \_\_\_\_\_

Any health issues for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what issues? \_\_\_\_\_

Has development been on course to date? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what has been delayed? \_\_\_\_\_

Has your child received any therapeutic services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what services? \_\_\_\_\_

Does your child have any type of mental or medical health diagnosis? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the diagnosis? \_\_\_\_\_

Any for anyone else in the family? Yes \_\_\_ No \_\_\_\_\_

If yes, what is the diagnosis? \_\_\_\_\_

Any recent changes or transitions in your family life?

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### Current Challenges

Describe some of the challenges you are having with your child

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What have you tried to ease the challenge that has been effective? Ineffective?

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Describe your Child

How would you describe your child's temperament?

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His/Her strengths?

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His/Her challenges?

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Service Goals

What goals do you have for your child?

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For your parenting?

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What do you hope to gain from your services with me?

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Anything additional I should know about your family or child that would be helpful as we work together?

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Thank you for providing this information.