

IRONWOOD
INTAKE EVALUATION

Child's Name: _____ ☐ Male ☐ Female DOB: _____

Person Completing this form & relationship to applicant: _____

Is the Applicant Adopted? ☐ Yes ☐ No If yes, at what age? _____

If your child was adopted, does your child have a relationship with his/her birth parents? ☐ Yes ☐ No

If yes, please describe: _____

FAMILY INFORMATION

Briefly describe the relationship between the parents and child:

Father _____

Mother _____

Stepfather _____

Stepmother _____

Siblings (please list each)

DESCRIBE THE RELATIONSHIP OF THE SIBLING WITH:

NAME	THE PARENTS	OTHER SIBLINGS	THE APPLICANT

The following questions are designed to assist us in working most effectively with your family. Please take a few moments to complete them in their entirety.

Please describe if any parent has a history of substance abuse including alcohol, drugs and prescription drugs:

Please describe the significant events leading up to your decision to enroll your child. Please include behaviors, attitudes, and emotional reactions regarding your child: _____

Has your child ever been arrested? ☐ Yes ☐ No Please describe: _____

Please describe your child's interaction with peers: _____

Has your child experienced any traumatic events in his/her life: ☐ Yes ☐ No If so, please explain. _____

Has the family relocated or moved homes? ☐ Yes ☐ No Please give dates and ages and explain how the child did/or did not adapt: _____

Has your child changed schools? ☐ Yes ☐ No How did he/she adapt: _____

How does your child express anger? _____

Does your child have a history of prior suicidal gestures? ☐ Yes ☐ No If so, please explain. _____

Does your child use drugs, alcohol or tobacco? ☐ Yes ☐ No Please describe the age you first noticed drug/alcohol use and the choice of drugs, daily patterns, frequency and how administered. _____

Please list any residential treatment programs, boarding schools and/or wilderness programs that your child has been enrolled in:

1. _____
2. _____
3. _____

Did your child complete this/these programs or schools? ☐ Yes ☐ No If so, please explain. _____

Please include with this application any discharge summaries from other programs and schools

RATING SCALE

Please indicate on the line to the left of each item the number which best rates the statement. Explain any rating higher than a “3” to the right of the question. Use extra sheets if needed and indicate the question number.

0-not present 1-very mild 2-mild 3-moderate 4-moderately severe 5-severe 6-extremely severe

___ 1. Substance abuse	_____
___ 2. Oppositional Behavior	_____
___ 3. Acts without thinking about consequences	_____
___ 4. Has a low opinion of self and abilities	_____
___ 5. Feels guilty about past behaviors	_____
___ 6. Runaway episodes (explain)	_____
___ 7. Believes that he/she is unable to help him/herself	_____
___ 8. Starts fights for no reason	_____
___ 9. Involvement with pornography (explain)	_____
___ 10. Stays out late at night	_____
___ 11. Has temper tantrums	_____
___ 12. Eating disorder/issues (explain)	_____
___ 13. Fire setting behaviors (explain)	_____
___ 14. Has trouble learning	_____
___ 15. Is angry or hostile	_____
___ 16. Depression	_____
___ 17. Denies that problems exist	_____
___ 18. Self mutilation/abuse/cutting (explain)	_____
___ 19. Victim of sexual abuse (explain)	_____
___ 20. Victim of physical or emotional abuse (explain)	_____
___ 21. Pretends to be the greatest thing on earth	_____
___ 22. Assaultive behaviors (explain)	_____
___ 23. Appears to have no feelings	_____
___ 24. Always tries to run the show	_____
___ 25. Behavior problem in school	_____
___ 26. Aggressive behaviors	_____
___ 27. Fears things people are not usually afraid of	_____
___ 28. Worries about health, fear of being sick	_____
___ 29. Has trouble remembering important events or facts	_____
___ 30. Blames others for problems that are his/her fault	_____
___ 31. Blames self for problems that are not his/her fault	_____
___ 32. Does useless things over & over (ex.: washing hands)	_____
___ 33. Is a “con artist”	_____
___ 34. Has sudden changes in mood for no apparent reason	_____
___ 35. Thinks about suicide (explain)	_____
___ 36. Criminal activities (describe)	_____
___ 37. Animal abuse (explain)	_____
___ 38. Sexual activity (explain)	_____
___ 39. Has difficulty making friends	_____
___ 40. Doesn’t do much of anything; lays around all the time	_____
___ 41. Feels others look down on him/her	_____
___ 42. Hangs around with the wrong crowd	_____
___ 43. Problems getting along with parents	_____
___ 44. Problems getting along with brothers & sisters	_____
___ 45. Has difficulty expressing love, tenderness, warmth	_____
___ 46. Has difficulty accepting responsibility	_____
___ 47. Shows emotions that don’t fit the situation	_____
___ 48. Worries about the future	_____
___ 49. Is always happy, no matter what	_____
___ 50. Doesn’t usually know who, what or where he/she is	_____
___ 51. Has unwanted thoughts that cannot be forgotten	_____
___ 52. Cannot think straight; confused	_____
___ 53. Shy, bashful, withdrawn	_____
___ 54. Believes he/she has unusual powers	_____
___ 55. Is sad or low	_____
___ 56. Refuses to obey authority figures	_____

TREATMENT HISTORY

Please list the applicant's last therapist, psychiatrist, psychologist, social worker and other professionals who have worked with your child

Name:	_____	Dates of Service:	_____
Address:	_____	Phone:	_____
City/State/Zip:	_____	Fax:	_____
Nature of service:	_____	Diagnosis:	_____

Name:	_____	Dates of Service:	_____
Address:	_____	Phone:	_____
City/State/Zip:	_____	Fax:	_____
Nature of service:	_____	Diagnosis:	_____

Name:	_____	Dates of Service:	_____
Address:	_____	Phone:	_____
City/State/Zip:	_____	Fax:	_____
Nature of service:	_____	Diagnosis:	_____

Name:	_____	Dates of Service:	_____
Address:	_____	Phone:	_____
City/State/Zip:	_____	Fax:	_____
Nature of service:	_____	Diagnosis:	_____

DEVELOPMENTAL HISTORY

Did the mother have any difficulty with conception, pregnancy, labor and/or delivery? ☐ Yes ☐ No

If yes, please explain in detail: _____

Please describe the applicant from birth to three years old, including timeliness of all developmental milestones:

Please describe the applicant from four to seven years old, including timeliness of all developmental milestones, relationship and/or difficulties with parents, siblings, teachers, peers, etc. and any behavioral or emotional issues: _____

[illegible]

SOCIAL HISTORY

Please describe your child's life up to this point. Include when the problems began, interventions tried, precipitating events, contributing factors, relationships with parents, siblings, peers, etc. Please indicate the history of medications prescribed, other residential placements, and anything else not covered elsewhere in this evaluation.

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MEDICAL HISTORY

Is your child currently taking any prescribed medications? ☐ Yes ☐ No

Please list

MEDICATION AND DOSAGE

**DATE
STARTED**

REASON PRESCRIBED

PRESCRIBING PHYSICIAN NAME
ADDRESS
TELEPHONE / FAX

Has your child taken medications in the past that he/she is not currently prescribed to take? ☐ Yes ☐ No
Please list

MEDICATION AND DOSAGE

**DATE
STARTED/
STOPPED**

REASON PRESCRIBED

PRESCRIBING PHYSICIAN NAME
ADDRESS
TELEPHONE / FAX

thru

thru

thru

thru

thru

thru

thru

thru

Please list any current or previous health issues affecting your child (asthma, accidents, broken bones, operations, diseases, orthopedics, prosthetics, optical wear, dental, orthodontics, hospitalizations, diabetes, etc.)

Athletic Restrictions: _____

Pediatrician's

Name:

(Family Physician)

Address:

City/State/Zip:

Date of Last

Physical Exam:

Phone:

Fax:

Prescribing Psychiatrist's Name:

Address:

City/State/Zip:

Phone:

Fax:

Dentist's Name:

Address:

City/State/Zip:

Date of Last

Dental Exam:

Phone:

Fax:

Orthodontist's

Name:

Address:

City/State/Zip:

City/State/Zip:

Date of Last

Appointment:

Phone:

Fax:

Fax:

Does your child wear contacts or glasses? ☐ Yes ☐ No Date of last eye exam: _____

Optometrist's Name:

Address:

City/State/Zip:

Phone:

Fax:

Please rate your child's fitness level:

☐ Poor ☐ Below Average ☐ Average ☐ Above Average ☐ Excellent[illegible][illegible]

ACADEMIC HISTORY

Please include report cards along with attendance history and any documented disciplinary actions that your child has been involved in. Include copies of any academic testing that your child has undergone.

CURRENT SCHOOL: _____
PHONE: _____
SCHOOL ADDRESS: _____
CITY/STATE/ZIP: _____ FAX: _____
CURRENT GRADE: _____ PROPOSED YEAR OF GRADUATION _____
CONTACT PERSON: _____ TITLE: _____

PERFORMANCE ON ANY STANDARDIZED TESTS (ACT/SAT/PSAT): _____

List any diagnosed learning differences or disabilities: _____

Describe your child's academic strengths: _____

What is your child's favorite class? _____

Describe your child's academic weaknesses: _____

[illegible]

Please provide any other important information that will enable us to best help your child in an academic setting: _____