

BEBA

1105 N. Ontare, Santa Barbara, CA 93105 805 687-2897 [fax: 805 687-4719]

CHILD INTAKE FORM

Date _____

Child's Full Name _____ Birth date _____ Age ____

Mother's Full Name _____ Birth date _____ Age ____

Father's Full Name _____ Birth date _____ Age ____

Parents: _____Married _____Unmarried _____Live together _____Live separately

Family Address (or mother's if parents live separately)

_____ street _____ city _____ zip

Phone: (Home) _____ (Work) _____(cell)_____

Fax: _____ Email: _____

Father's Address & Phone(s) that are different than mom's

_____ street _____ city _____ zip

Phone: (Home) _____ (Work) _____(cell)_____

Fax: _____ Email: _____

Who referred you to BEBA? _____

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, intention to or not wanting to conceive, describe:

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

Discovery

Mom's 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 (eg parents, friends, etc.)

Nature of parent's 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 (eg., 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 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: inducing? _____ forceps? _____ Vacuum Extraction? _____ C-Section _____ [planned or emergency and why?] 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? 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: ages, names and nature of relationship. Include children from prior relationships.

Other caregivers important to the child during first year or present time?