

**FAMILY INTERVENTION SERVICES  
INTAKE ASSESSMENT**

**CASE NAME:**

**CLIENT ID:**

**INITIAL DATE(S) SEEN:**

**PRESENTING PROBLEM:**

**HISTORICAL INFORMATION/SIGNIFICANT STRESSORS:**

**CURRENT LIVING ARRANGEMENTS:**

**MEDICAL/PSYCH/SUBSTANCE HISTORY:**

**SUPPORT SYSTEMS:**

**WORK/SCHOOL HISTORY:**

**ASSESSMENT/STRENGTHS-WEAKNESSES:**

**DIAGNOSTIC IMPRESSIONS:**

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**WORKER SIGNATURE/CREDENTIALS**

**DATE**

## **Intake Assessment Guide**

### **Presenting Problem:**

Why was the youth and/or family referred to the social service staff

### **HISTORICAL INFORMATION/SIGNIFICANT STRESSORS:**

Current Charges

How long was the youth on probation/parole

Scheduled release of supervision date

Current family stressors

Youth ever been a victim of abuse/neglect

### **CURRENT LIVING ARRANGEMENTS:**

Who is youth currently living with to include all members of the house hold

Is the family owning or renting

How many bed rooms, do they have adequate space

Sleeping arrangements

Any children in the home; any children visiting the home

Medical History

Any known medical conditions/problems of any family members

Current physician, last time youth was seen by a physician and for what reason

Any medications

### **MEDICAL/PSYCH/SUBSTANCE HISTORY:**

Known mental health problems of any family members

Last time you had a psychological evaluation, recommendations and diagnosis

Last time youth had a psychiatric evaluation, recommendations and diagnosis

Last time the youth met with the a psychologist, psychiatrist, counselor, social worker and for what reason

Any current mental health or emotional problems not being addressed

Currently taking any psychotropic medications

Any reported use of alcohol/illegal drugs by youth or other sources

When was his/her last time using, how much was used and how often is the substance used

History of substance abuse treatment

### **SUPPORT SYSTEMS:**

Any family or friends in the area

Does the youth live with both parents? If no, why not?

Any financial stressors

Any transportation stressors

Relationship stressors

Recreational activities

Church affiliation

After school activities

Peer relationships

### **WORK/SCHOOL HISTORY:**

Does youth have a job or ever had a job

Name of school youth is currently attending

History of school problems/academic problems

School attendance history

**ASSESSMENT/STRENGTHS-WEAKNESSES:**

Identify youth's strengths and weaknesses and how they may impact treatment outcome

**DIAGNOSTIC IMPRESSIONS:**

Use information gathered from the intake assessment and other sources such as current or prior psychological, psychiatric, and medical information to write a statement using your clinical judgment regarding the youth's current and/or presenting problem and the prognosis as it relates to treatment outcome