



Take a Clear  
Leap Forward



**Intake interview Clear Child Psychology**

**Clinician:**

**Parent or Individual Meeting with:**

**Date:**

**Tell us a bit about your main concerns for your child:**

**History of concerns:**

**Current Diagnoses:**

**Pregnancy and Birth History:**

**Weight and weeks' gestation:**

**Sleeping/Eating as an infant and presently:**

**Developmental Milestones:** walk, crawl, first words, phrase speech

**Significant medical concerns including head injuries, seizures?**

**Our 11 areas of concerns:** greatest concerns?

**Understanding:** comprehension? Processing speed? Visual spatial challenges?

[www.cleape.com](http://www.cleape.com) ◆ [www.clearchildpsychology.com](http://www.clearchildpsychology.com)

11001 West 120th Ave. Suite 400 ◆ Broomfield, CO 80021

**Communicating:** clarity of speech, linear expression, summarizing information, retelling? How does he/she tell you what he/she needs or wants? Nonverbal communication?

**Learning:** reading, math, writing skills?

**Socializing:** had friends? Early interaction with peers? Parks/birthday parties/socializing with siblings if applicable?

**Focusing:** attention? Internal/external distractibility? Impulsive? Hyperactive?

**Moving and Sensing:** gross/fine motor? Sensory sensitivities?

**Organizing:** planning? Organizing materials? Turning work in on time? Working with teachers?

**Remembering:** any memory concerns or particularly strong areas of memory?

**Feeling:** mood? Is mood stable? History of self-injury? Suicidal statements or attempts? Any traumatic experiences- medical/ death of family member? Abuse?

**Behaving:** misbehavior? Temper tantrums? Harming others? Rule breaking?

**Daily Living:** chores? Self-care? Showering/brushing teeth? Eating? Recognizing own cues of hunger/bathroom etc.

**Process/Recommendations moving forward:**