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CHILD AND ADOLESCENT INTAKE FORM

Name of child: _____ Birth date: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Mother's work phone: _____ Father's work phone: _____

Mother's cell phone: _____ Father's cell phone: _____

Other phone numbers: _____ e-mail address: _____

Who has legal custody of the child? (Check all that apply):

- Mother and father are **currently married** to each other and thus **both have Legal and Physical** custody.
 Joint **Legal** Custody. Mother has primary **Legal** custody. Father has primary **Legal** custody.
 Joint **Physical** Custody. Mother has primary **Physical** custody. Father has primary **Physical** custody.
 Other: _____

School: _____ Grade: _____ Age: _____ Sex: _____

Child's current weight: _____ Height: _____ Health: _____

Who referred you here? _____

How did you find out about our services? Check all that apply:

- _____ internet search _____ referred by Dr: _____
_____ neighborhood directory _____ referred by attorney: _____
_____ yellow pages _____ referred by former patient: _____
_____ other (explain below) _____ referred by the Georgia Psychological Association

Date of child's most recent physical exam: _____

Name of child's physician: _____

Address: _____

1. In your own words, please summarize the problems which bring you and your child here today:

2. Is there any pending or potential litigation regarding custody, visitation, child support, child abuse, etc.? If so, explain: _____

3. What medication (and dosage) is your child taking: _____

4. Is your child currently seeing, or has seen in the past, another mental health professional? If so, whom?

Name of person filling out this form: _____

Relation to Child: _____

Signature: _____

Date: _____