Social Work Intake Form

Section 1: Client Information

First Name	Last Name	Date of Birth	Patient Identifier (If known)
Noah	Chadwick	02/03/2013	
Gender	**Preferred Pronouns**	**Email**	**Preferred Phone Number**
Male	He/him		

Address	City	State	Zip Code
7 Dandelion Crescent, Oakwood	Spokane	WA	3948

Section 2: Emergency Contact

Full Name	Relationship	Contact Number
Kassidy Chadwick	Mother	0598 049398
Jamie Chadwick	Father	04948 04944

Section 3: Caregiver/Legal Guardian Information

If the client does not require a caregiver or legal guardian, please move on to Section 4.	First Name	Last Name
	Kassidy	Chadwick

Date of Birth	Relationship	Email	Preferred Phone Number
15/06/1999	Mother	kassidyc@gmail.com	0598 049398

Address	City	State	Zip Code
7 Dandelion Crescent, Oakwood	Spokane	WA	3948

Section 4: Personal Health and Wellbeing

Client Concerns

Noah is retreating from school and friends, and spends time alone. We ’ re concerned about his social behaviors, and how he forms relationships with his peers.

Medication

N/a

Family History (include family mental health history)

Jamie (father) has bipolar II disorder

Current/Previous Mental Health Diagnoses

N/a

Rate the following, if applicable: (1-best to 5-worst)

The quality of your social relationships	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
The satisfaction of your romantic relationships	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Client Information

First Name	Last Name	Date of Birth	Gender
Noah	Chadwick	02/03/2013	Male

Section 4: Personal Health and Wellbeing (continued)

Describe your sleeping patterns

Noah sleeps regularly, around 9 hours a night with a 9pm curfew

Describe your exercise patterns

Noah doesn't enjoy sports or exercise, but sometimes rides his bike on the weekends if prompted

Section 5: Other Family Information

If the client is 18 and over, please move onto Section 6

Is this child/adolescent adopted? ☐ Yes ☒ No

If Yes, at what age was he/she adopted? _____

If Yes, does he/she know of the adoption? _____

Please list all persons living in the home with the child/adolescent whom we will be evaluating

Names of Current Residents	Age	Relationship to Child/Adolescent
Jamie Chadwick	25	Father
Kassidy Chadwick	24	Mother

Are the child/adolescent's parent separated or divorced? ☐ Yes ☒ No

If Yes, answer the following questions:

When did separation occur (month/year)? _____

When was the divorce final (month/year)? _____

Who has legal custody? _____

Who has physical custody? _____

Section 6: Employment

☐ Employed ☐ Self Employed ☐ Unemployed ☒ Other Student

Occupation	Industry	Company Name

Company Address	City	State	Zip Code
	Spokane	WA	3948

Rate the satisfaction of your workplace from 1(best) to 5(worst): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Signature	Date
	11.02.2023