

**Community Counseling & Psychological Services
Autism / Asperger's Disorder
Intake Interview**

Name:
Date:
Age:
ID#:
Interviewer:
Interviewed:
Current Diagnosis:

History

Prior Diagnoses:

Medications:

Current Symptoms:

Primary Concerns:

Behavioral Symptoms (repetitive, rote behaviors, tendency to collect things, self stim, bxs, etc):

Mood / Emotional Symptoms (emotional resistance, need for sameness, trouble with transitions leading to tantrums, depressive symptoms, low self esteem with increased awareness of differences, anxiety):

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Language Skills (pedantic speech, monologues, poor communicative intent, preservative, topic maintenance, poor pragmatics, semantics, syntax) :

Maturity Level / Social Skills (confused about how to interact; failure to understand behavior of others; limited range of facial expression and understanding of facial expressions; inappropriate social reactions; play is self centered; rules of play are rigid; prefers solitary play):

Motor Skills / Self Care (gross motor skills - clumsiness, frequent falls; fine motor skills- fasteners shoe tying, handwriting):

Inattention/Distractibility/Task Completion:

Organization/Planning/Prioritization/Time Management:

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Hyperactivity/Impulsivity:

Learning /Processing Disorder Questions

Has your child ever been diagnosed with a learning disorder?

Has speech therapy ever been recommended for your child (including articulation therapy?)

How is your child currently performing in school?

How does this differ from her past performance?

Do any particular academic areas provide difficulty?

Does your child have problems finishing school work and/or tests and in the time allotted?

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When given directions, does he/she need them repeated, misunderstand them, seem to hear only part of what was said? Does he/she ask "what" or "huh" a lot?

Does your child have difficulty copying from the blackboard?

Does he/she talk easily? Are they a "quiet kid?" If so, is the child "shy" or just not very talkative?

Do they have difficulty expressing their needs?

Do they seem to understand what they read? Do they have to reread to assist in comprehension?

Does the teacher complain that your child misunderstands or is falling behind their peers on their assignments?

Does your child have trouble getting their thoughts onto paper?

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Does your child seem to learn new information when it is presented, but then it doesn't "stick?"

Did their academic difficulties noticeably increase in the 3rd or 4th grade?

Does your child have trouble with any of the following:

Reading: _____

Writing: _____

Spelling: _____

Math: _____

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History of Symptoms:

What symptoms did you begin to notice during:

Infancy (arching their back; avoid cuddling; lack of response to others; content to be alone; lack of interest in toys; abnormal reactions to stimuli - over or under, such as light touch, experienced as painful, noise or bright light causing inconsolable cries):

Toddler years (Language delay, no language or regression of language already learned; Self Stimulation and / or self abusive behaviors, poor eye contact; little interest in others; lack of pleasure from touch; hand flapping; toe walking, severe temper tantrums, esp with transitions; severe hyperactivity; arranging toys in a row; perseverations; echolalia):

Elementary School Years (Difficulties with socialization; lack of reciprocity-back and forth exchanges; Stereo typed repetitive behaviors; poor perception and/or expression of nonverbal behaviors such as facial expression and gestures; perseverations; obsessions/compulsions; ADHD type symptoms-impulsivity, hyperactivity, inattention, distractibility; school difficulties):

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Treatment and Evaluations

Medications: (dosage, start and stop dates, benefits, side effects):

Psychological/Neuropsychological Assessments:

Therapies (OT, PT, Speech, psychotherapies, social skills groups, family therapy; discrete trial learning; sensory integration):

School Interventions (Special Education Services, IEP, 504 Mods Classroom Aide):

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Possible Etiology

ADHD, LDs, Developmental Delay, (Autism, Asperger's Disorder,
Depression/Anxiety, tics/tourettes, alcoholism/drug abuse, bipolar
disorder, OCD)

Maternal: _____

Paternal: _____

Pregnancy (medications, complications induced, ptosin):

Labor/Delivery (fetal distress, jaundice, vacuum/forceps):

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Ear infections (severity, age, frequency, antibiotics, tubes):

Head Injury (age, head location, description of injury, symptoms following injury, treatment)

Loss of Consciousness	No	Yes
Duration	<hr/>	

Disorientation	No	Yes
Describe	<hr/>	

Vomiting	No	Yes
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Hospitalizations/Surgeries:

Major Illness (encephalitis, meningitis, fever of 105+):

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Family History

Family Structure (marital status, number of children age/name):

What does your family do for fun?

What does dinner look like?

What is the best thing about your child? What is the most difficult?

How do the patient's siblings handle the difficulties they are having?

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What are the siblings' strengths and weaknesses?

Who disciplines the children? How is this handled?

Rewards/Reinforcement?

Household expectations/Responsibilities?

Consistency Parenting (empty threats, follow through, compliance?)

How do you feel when you discipline your children (guilty, afraid to follow through?)

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How do you describe your marriage? What is the best thing about it? The most difficult thing?

Any martial conflict/concern?

Do you feel alone in handling childcare? Do you have any support in childrearing (i.e. extended family)?

How did your parents/caregivers discipline you and your siblings in the home?

How was stress or conflict handled in your home as a child (i.e. lashing out, substance abuse, physical/verbal abuse?)

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Does either parent have a history of any difficulty with substance abuse?

Profession/Hours at Work?

How did you find out about Community Counseling?

Have both parents attended the seminar? Yes No

Treatment Predictors

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Goals:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Plan:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Program Coordinator:

Case Difficulty Rating: _____

Clinician's Signature: