



Address: 17595 Harvard,
Suite C-284 Irvine 92614
Phone: (714)-785-3407
email: conniehornyak@icloud.com

Child Intake Form

Child's Full Name: (Last)

(First)

(Middle)

Address

Gender: F M

Home Phone Number

Date of birth

Whom may we thank for referring you?

Name

Address

Phone Numbers

Email address

Parent #1

Parent #2

Name

Name

Address

Address

Home phone

Mobile phone

Home phone

Mobile phone

Fax number

Fax number

Email Address

Email Address

Place of Employment and Address

Place of Employment and Address

Occupation

Occupation

Parent #1

Parent #2

Date of birth

Marital status

Date of marriage

Date of separation (if applicable)

Date of divorce(if applicable)

Date widowed (if applicable)

Date of birth

Marital status

Date of marriage

Date of separation (if applicable)

Date of divorce(if applicable)

Date widowed (if applicable)

Does your family have a religious affiliation? _____ If so please describe: _____

Who has legal custody of child? _____

With whom is child currently living?

_____ Biological parents

_____ Biological mother and stepfather

_____ Adoptive parents

_____ Biological father and stepmother

_____ Foster parents

_____ Relatives (names: _____)

_____ Biological mother only

_____ Institution (name: _____)

_____ Biological father only

_____ Other: _____)

If child is adopted, what factors led to parent(s) decision to adopt? _____

Sibling information:

Name	Date of Birth	RELATIONSHIP (full/half sib., foster, biological, adopted)	CURRENTLY LIVING (in home, away at school, with another family, etc.)

Information about others living in the home:

Name	Age	Gender	Relationship to Child

How would you describe your child's physical appearance? (e.g. height, weight, eye and hair color, distinguishing characteristics, manner of dress):

(Please record as much information as you can. Placements should include any hospitalizations and interim moves, no matter how brief. Use additional pages if needed).

*TYPE OF PLACEMENT: Birthparent(s), birth relative(s), foster parent(s), adoptive parent(s), step parent(s), group home, institution, residential treatment center, other.

_____ None
 _____ Unusual swelling
 _____ Unusual weight gain (if yes, how much? _____)
 _____ Unusual weight loss (if yes, how much? _____)
 _____ High blood pressure
 _____ Infection

Problems during pregnancy with this child: (continue)

Bleeding _____

Unusual vomiting _____

Medicines taken during pregnancy (please list names and reasons for taking): _____

Disease or exposure to contagious disease (please explain):

Persistent emotional stress, depression, or anxiety (please explain):

Smoking during pregnancy _____

Alcohol use _____

Use of street drugs (please list): _____

Other: _____

Did birth mother have prenatal care? _____ When? _____

Was pregnancy full-term? _____ Premature? _____

Was mother depressed during the pregnancy? _____

Was mother ambivalent about the pregnancy? _____ Why? _____

Was father supportive during the pregnancy? _____ If not, why? _____

Was mother on any type of medication during pregnancy? (If so, please list medication and reason for use): _____

Delivery occurred during the ____ th month of pregnancy

How long was labor? _____ Natural? _____ Induced? _____

Were there any complications during labor? _____ If yes, please explain: _____

Was delivery at home? _____ In a hospital? _____ Other? _____

Was delivery attended by a physician? _____ Midwife? _____

Other? _____ Was delivery normal? _____ If not, were forceps used? _____

Was birth breech? _____ Was cord wrapped around infant's neck? _____
Was a Caesarean section performed? _____
Was this a multiple birth? _____ If so, how many? _____
What was child's birth weight? _____ Length? _____
At birth, was the infant jaundiced? _____
Did s/he experience anoxia (oxygen deficiency)? _____
Was an incubator necessary for an extended period of time? _____ If so, how long? _____
Were caregivers allowed to take infant out of incubator and hold him/her? _____
Was the infant diagnosed with in-utero alcohol exposure? _____
Was the infant diagnosed with in-utero drug exposure? _____
If yes, to which drugs? _____
Did examination at birth reveal any physical disorders? If so, please explain: _____

Mother's health after childbirth was(circle one) good poor. If poor, please explain:

On what day in the hospital did mother first see the baby?

Did mother hold the baby? _____ If so, on what day? _____

How long were mother and baby in the hospital before coming home? _____

Were there problems with child in the hospital before coming home? _____

- _____ No problems
- _____ Infection (what type?) _____
- _____ Convulsion
- _____ Pain (please describe) _____
- _____ Other (please explain) _____

How did mother respond to the child's fussiness?

During infancy, were any of the following problems present?

- _____ Constant whining
- _____ Rageful crying
- _____ Extremely sensitive to touch
- _____ Extremely resistant to cuddling
- _____ Limp when held
- _____ Stiff when held
- _____ Child arched back and resisted being held
- _____ Poor sucking response
- _____ Poor eye contact, lack of tracking with eyes
- _____ No reciprocal smile response
- _____ Indifference to others
- _____ Choked easily
- _____ Vomited or spit up frequently
- _____ Child was unusually nervous or jittery
- _____ Child had colic (until age: _____)
- _____ Difficulty swallowing
- _____ Difficulty chewing
- _____ Held breath for long periods of time
- _____ Had allergic reactions to: _____
- _____ Other: _____

At what age did each of the following occur?

- _____ Smiled
- _____ Sat without support
- _____ Walked alone
- _____ Spoke first word
- _____ Used two or three word sentences
- _____ Was completely weaned
- _____ Started toilet learning
- _____ Completed toilet learning (bladder)
- _____ Completed toilet learning (bowel)
- _____ Relapses of bladder or bowel control

Was the above information from your baby book, diary, reports, or memory? _____

If child was abused, neglected, or institutionalized, please describe the child's experiences (if known):

PHYSICAL DEVELOPMENT:

Please describe child's large muscle development (e.g. walking, hopping, skipping, riding a bicycle).

Please describe child's small muscle development (e.g. using a pencil, doing puzzles).

Which hand does child prefer to use? _____ Is preference consistent? _____
Is child's speech normal? _____ If not, please describe. _____
Has child ever had speech therapy? _____
Is child's hearing normal? _____ If not, please describe. _____

Name of child's physician _____ Physician's address _____
 Physician's phone _____ Date of most recent physical examination: _____
 What is child's present health condition? _____
 Does child have any health problems? If so, please describe: _____

MEDICAL INFORMATION (must be completed):

Please list child's medications below, beginning with current medication, and working backward:

Dates	Name of Medication	Amount (ex -10 mg.)	Taken when:	Prescribed by:	Child's reaction:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EDUCATION: Please list all schools attended, beginning with the current school:

Dates and grades Attended	Name of school	Address and Telephone no.	Behavior problems, if any
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your child enjoy being in school? _____ Specific likes and dislikes:(if known):

Has your child been diagnosed with learning disabilities? If so, please indicate:

SOCIAL ADJUSTMENTS:

How would you describe your child's interpersonal relationships?

With mother _____

With father _____

With brother(s) _____

With sister(s) _____

With peers _____

With teachers _____

PRESENTING PROBLEMS:

Please describe in detail the issues that have brought you to counseling:

Discuss your hopes for bringing your child and family to counseling.

Please list your child's positive qualities:

What questions would you like to have answered about your child?

Professional Counseling or Therapy	Dates	Therapist's name, address, phone	Results
This child:			
Mother:			
Father:			
Brothers:			
Sisters:			
Family:			

Information in this intake form provided by. _____

Relationship to child. _____

Date provided. _____

FAMILY HISTORY (to be filled out by each parent)

Parent 1 _____

Family of Origin

Describe your mother and father (positive and negative qualities):

How did your parents show affection to each other and their children?

How did your parents handle disagreements and conflicts? What were their main methods of discipline?

How many siblings do you have? _____

What role did each sibling play in the family?

Does your family have a history of alcohol or drug abuse? If so, please describe, including how the issue was dealt with:

Was there mental or emotional illness in your family? If so, please describe, including how the issue was dealt with:

On a scale of one to ten, with ten being the most stressful, how stressful was the home in which you grew up? Why do you think this was so?

Medical History

List any current/past illnesses/injuries that have impacted you or your family:

Marital History

Describe your current marriage, including both positive and negative qualities (e.g., intimacy, communication, problem-solving, togetherness).

Briefly list and describe any previous marriages.

Current Family

List your other children and give a brief description of each child.

What are your main methods of discipline and how effective have they been?

What concerns do you have with any other member of the family?

How large of a role, if any, does religion play in your family?

Describe your family's positive attributes, strengths and support systems:

FAMILY HISTORY (to be filled out by each parent)

Parent 2 _____

Family of Origin

Describe your mother and father (positive and negative qualities):

How did your parents show affection to each other and their children?

How did your parents handle disagreements and conflicts? What were their main methods of discipline?

How many siblings do you have? _____

What role did each sibling play in the family?

Does your family have a history of alcohol or drug abuse? If so, please describe, including how the issue was dealt with:

Was there mental or emotional illness in your family? If so, please describe, including how the issue was dealt with:

On a scale of one to ten, with ten being the most stressful, how stressful was the home in which you grew up? Why do you think this was so?

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List your other children and give a brief description of each child:

What are your main methods of discipline and how effective have they been?

What concerns do you have with any other member of the family?

How large of a role, if any, does religion play in your family?

Describe your family's positive attributes, strengths and support systems:

Place a check next to each behavior your child currently exhibits or has exhibited.

1. Is excessively distressed when separated from family ☐
2. Exhibits excessive anxiety or worry ☐
3. Has difficulty arising in the AM ☐
4. Is hyperactive and excitable in the PM ☐
5. Sleeps fitfully or has difficulty getting to sleep ☐
6. Has night terrors or frequently wakes in the middle of the night ☐
7. Is unable to concentrate at school ☐
8. Has poor handwriting ☐
9. Has difficulty organizing tasks ☐
10. Has difficulty making transitions ☐
11. Complains of being bored ☐
12. Has many ideas at once ☐
13. Is very intuitive or very creative ☐
14. Is easily distracted by extraneous stimuli ☐
15. Has periods of excessive, rapid speech ☐
16. Is willful and refuses to be subordinated ☐
17. Displays periods of extreme hyperactivity ☐
18. Displays abrupt, rapid mood swings ☐
19. Has irritable mood states ☐

- 20. Has elated or silly, giddy mood states ☐
- 21. Has exaggerated ideas about self or abilities ☐
- 22. Exhibits inappropriate sexual behavior ☐
- 23. Feels easily criticized or rejected ☐
- 24. Has decreased initiative ☐
- 25. Has periods of low energy or withdraws or isolates self ☐
- 26. Has periods of self-doubt and poor self-esteem ☐
- 27. Is intolerant of delays ☐
- 28. Relentlessly pursues own needs ☐
- 29. Argues with adults or bosses others ☐
- 30. Defies or refuses to comply with rules ☐
- 31. Blames others for his or her mistakes ☐
- 32. Is easily angered when people set limits ☐
- 33. Lies to avoid consequences of actions ☐
- 34. Has protracted, explosive temper tantrums or rages ☐
- 35. Has destroyed property intentionally ☐
- 36. Curses viciously in anger ☐
- 37. Makes moderate threats against others or self ☐
- 38. Has made clear threats of suicide ☐
- 39. Is fascinated with blood and gore ☐
- 40. Has seen or heard hallucinations ☐



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RADQ ANSWER SHEET

Completed by: Mother Father Other _____ (list job title of other person)

Child's Name _____ Age _____ Date _____

DIRECTIONS : Read each of the items below and circle the number that BEST describes how often your child does that behavior. If he/she usually does it (90% or more of the time), circle the 5. If he/she often does it (75% of the time), circle the 4. If he/she does it about half the time, circle the 3. If it is occasionally present (25% of the time), circle the 2. If it is rarely or never present (less than 10% of the time), circle the 1. DO NOT circle more than one number for each item, and make sure you circle a number for each item. DO NOT mark between the numbers. Please rate your child's behaviors over the past 2 years, unless specifically asked not to for research purposes.

	(5) usually	(4) often	(3) sometimes	(2) occasionally	(1) rarely
1) My child acts <u>overly</u> cute and charms others to get them to do what he/she wants.	5	4	3	2	1
2) My child has trouble making eye contact when adults want him/her to.	5	4	3	2	1
3) My child is overly friendly with strangers.	5	4	3	2	1
4) My child pushes me away or becomes stiff when I try to hug him/her, unless he/she wants something from me.	5	4	3	2	1
5) My child argues for long periods of time, often about ridiculous things.	5	4	3	2	1
6) My child has a tremendous need to have control over everything, becoming very upset if things don't go his/her way.	5	4	3	2	1
7) My child acts amazingly innocent, or pretends that things aren't that bad when he/she is caught doing something wrong.	5	4	3	2	1
8) My child does very dangerous things, ignoring how he/she may be hurt while doing them.	5	4	3	2	1
9) My child deliberately breaks or ruins things.	5	4	3	2	1
10) My child doesn't seem to feel age-appropriate guilt for his/her actions (lacks conscience development).	5	4	3	2	1
11) My child teases, hurts, or is cruel to other children.	5	4	3	2	1
12) My child seems unable to stop him/herself from doing things impulsively.	5	4	3	2	1
13) My child steals, or shows up with things that belong to others, with unusual or suspicious reasons for how he/she got them.	5	4	3	2	1
14) My child demands things, instead of asking for them.	5	4	3	2	1

RADQ ANSWER SHEET

	(5) usually	(4) often	(3) sometimes	(2) occasionally	(1) rarely
15) My child doesn't seem to learn from his/her mistakes and misbehavior (no matter what consequence I give, the child continues the behavior).	5	4	3	2	1
16) My child tries to get sympathy from others by telling them that I abuse and/or neglect him/her.	5	4	3	2	1
17) My child "shakes off" pain when he/she is hurt, refusing to let anyone comfort him/her.	5	4	3	2	1
18) My child likes to sneak things without permission, even though he/she could have had them if he/she had asked.	5	4	3	2	1
19) My child is a <u>pathological</u> liar (lies when it would be easier to tell the truth, or lies about obvious or ridiculous things).	5	4	3	2	1
20) My child is <u>very</u> bossy with other children and adults.	5	4	3	2	1
21) My child hoards or sneaks food, or has other unusual eating habits (eats paper, raw flour, package mixes, baker's chocolate, etc.).	5	4	3	2	1
22) My child <u>can't</u> keep friends for more than a week.	5	4	3	2	1
23) My child throws temper tantrums (screaming fits, throws stuff: hits and/or kicks walls) that last for two hours or longer.	5	4	3	2	1
24) My child chatters non-stop, asks repeated questions about things that make no sense, mutters, or has other oddities in his/her speech.	5	4	3	2	1
25) My child is accident-prone (gets hurt a lot), or complains a lot about every little ache and pain (needs constant band-aids).	5	4	3	2	1
26) My child teases, hurts, or is cruel to animals.	5	4	3	2	1
27) My child doesn't do as well in school as he/she could with· even a little more effort.	5	4	3	2	1
28) My child has set fires, or is preoccupied with fire.	5	4	3	2	1
29) My child prefers to watch violent cartoons and/or tv shows or horror movies (<u>regardless of whether you let him/her do this</u>).	5	4	3	2	1
30) My child was abused/neglected, had severe chronic pain, had more than one change in caregiver, was separated from his/her mother for more than two days, or was in an orphanage during the first two years of his/her life.	5	4	3	2	1



Connie Hornyak

TREATMENT/CONSULTATION AGREEMENT

Confidentiality: I understand that all information between me and Connie Hornyak, LCSW, is held in strictest confidence, and she will not release any information about my therapy unless permitted by law or if:

1. I agree in writing to permit such a release,
2. I present a physical danger to myself or others,
3. Child/elder/or dependent person abuse/neglect is suspected.

Release Of Information: I authorize the release of information for claims, certification/case management/quality improvement and other purposes related to the benefits of my Health Plan. (Release of information to providers, family, etc., requires a separate form.)

Financial Terms: I understand that I am responsible for full payment at time of services. I will be given a quarterly statement, which I can submit to my insurance company for reimbursement if I choose to do so.

Consent For Treatment: I further authorize and request that my therapist carry out treatments, and/or diagnostic procedures which during the course of my care as a patient are advisable. I also understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable.

Emergency Procedures: If you need to contact Connie Hornyak, leave a message according to the instructions on my voice mail and I will return your call. If an emergency situation arises, follow the emergency procedures listed on my voice mail. Please do this for true emergencies only.

Canceled/Missed Appointments: I understand that 24-hour notice is required for cancellation of any appointment to avoid being charged in full for the time I have reserved. If unable to call and cancel during business hours, please leave a message on Connie Hornyak's 24-hour voice mail (714) 785-3407.

I UNDERSTAND AND AGREE TO ALL OF THE ABOVE INFORMATION.

Client/Patient (or Parent/Guardian)	Printed name	Date
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Client/Patient (or Parent/Guardian)	Signature
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Child's name and date of birth (for Parents/Guardians)



Connie Hornyak

FEE AGREEMENT

All therapy and consultation sessions are billed at \$200 per 50 minutes. Travel to and from home visits and school observations will also be billed this amount. Clients will be charged the full fee for cancellations given less than 24 hours in advance. If unable to reach Connie Hornyak, LCSW, messages may be left on her confidential voicemail: 714 785-3407.

If Connie Hornyak is ordered by the Court to appear in person, write a letter or send records, clients will be billed \$250 per hour for preparation and travel time. Please be advised that should Connie Hornyak be ordered by the Court to appear, the fee stipulation is as follows:

- » \$1,600 per half day
- » \$3,200 per full day

Should a case be continued, Connie Hornyak will be paid for either a half day or a full day, depending upon how much time is spent in the Courthouse.

All Court fees must be received by Cashier's check or credit card 14 days prior to the Court date. I have read and agree to abide by this policy.

By: _____
(Signature(s) of Client, Parent(s) or Representative) Date