

CHILD INFORMATION & HISTORY

Directions: Please complete to the best of your ability and bring with you to your first session.

Today's Date: _____

Full Legal Name of Child: _____ Nickname: _____

Birth Date: ____ / ____ / ____ Age: ____ Gender: Male Female

Parent/Guardian & Relationship: _____ Contact #: _____

Local Address: _____

(Number and Street) (City) (State) (Zip)

Home Phone: (____) _____ May we leave a message? Yes No

Other Phone: (____) _____ May we leave a message? Yes No

E-mail*: _____ May we e-mail you? Yes No

***Please be aware that e-mails are not confidential.**

Insurance Company: _____ Policy #: _____

Subscriber/Relationship: _____ DOB: _____

List any legal/social agency involved with child: _____

1. **Chief Complaint** — Please explain your present concerns about your child and what you think is causing the problem: _____

2. **Onset** — When did you first notice the concern/problem? What else was happening at that time that might be important? _____

3. **Referral** — How were you and the child referred here (school, court, etc.)? What have you already tried in order to solve the problem? _____

4. Family Composition

- Biological parents _____
- Dates married/separated/divorced _____
- Parental relationship: Strained / Fair / Strong _____
- Custody / Visitation _____
- Parent / Guardian Occupations _____
- Siblings: DOB / Schools _____

5. **Significant Others** — Are there other individuals who play a large role in your child's life? _____

6. Are there any immediate family members that reside outside of the child's home? Yes/No
If yes, who and where do they live? _____
How many homes has your child lived in? _____
How many caretakers has your child had? _____

7. Please describe your child's personality, attitudes, values, etc. To whom is he/she most similar, and in what way(s)? _____

Child Medical and Psychiatric History

8. Mother's Pregnancy
Illnesses/Complications: _____
Medications, tobacco, alcohol, other drugs during pregnancy: _____

Problems during delivery or shortly thereafter: _____
Length of stay in hospital: _____

9. Developmental milestones (in months):
Sat alone _____ Walked _____ Talked in sentences _____
Weaned _____ Fed self _____ Tied own shoes _____
Toilet training (ease or difficulty) _____

10. Injuries/Illnesses/Hospitalizations:

Date	Location	Reason	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Please list your child's current physician, including address, phone number, and date of most recent wellness exam _____

12. Please list any current medical problems, including allergies your child has?

13. What medications is your child currently taking and for what condition? By whom were the medications prescribed? _____

14. Has your child had any previous psychiatric/psychological evaluations/ treatments, including counseling? Yes / No If yes,

Dates	Treating Professional	Reason	Outcome
_____	_____	_____	_____
_____	_____	_____	_____

15. What temperamental qualities does your child demonstrate?

	Less than average	Average	More than average
Activity level	_____	_____	_____
Affection	_____	_____	_____
Persistence	_____	_____	_____
Moodiness	_____	_____	_____
Intensity of emotional response	_____	_____	_____

16. **Family Medical and Psychiatric History** (Maternal and/or Paternal)

Alcoholism _____
Drug abuse _____
Mental illness (specify) _____
Psychiatric hospitalizations _____
Mental retardation _____
Learning disabilities _____
Hyperactivity _____
Suicide or attempts _____
Other medical illnesses (specify) _____

17. Has your child or any member of your family been a victim or perpetrator of physical, sexual, emotional, or substance abuse or neglect? Yes / No

If yes, please explain: _____

18. To your knowledge, has your child witnessed any violence or abuse? Yes/No

If yes, please explain _____

19. What are your child's hobbies and interests? (Boy/Girl Scouts, sports, reading, etc.)
How much time per week does your child spend in each?

20. Has your child been diagnosed with any learning delays? Yes / No

If yes, what type? _____

21. Is your child in special classes at school? Yes / No

If yes, what type? _____

22. Has your child ever repeated a grade? Yes / No If yes, what grade: _____

For what reason: _____

23. **For ages 5 and older — performance in academic subjects.** If child is not being taught, please give reason _____

	Failing	Below average	Average	Above average
a. Reading, English, or Language Arts				
b. History or Social Studies				
c. Arithmetic or Math				

Failing Below average Average Above average

d. Science

Other academic subjects (**Computer, foreign language, dance, music, etc**) Don't include gym, shop, etc.

e. _____

f. _____

g. _____

24. Has your child been diagnosed with behavior problems? (e.g., ADHD) Yes/No

If yes, what type? _____

25. How many hours a day does your child typically watch TV? _____ What are your child's favorite shows? _____

26. When does your child typically do his/her homework? (e.g., after school, before dinner, after dinner) _____

27. How many hours per day does your child spend with:

Parents? Weekday _____ Usual activities _____
Weekend _____ Usual activities _____

Siblings? Weekday _____ Usual activities _____
Weekend _____ Usual activities _____

Friends? Weekday _____ Usual activities _____
Weekend _____ Usual activities _____

Other
Caretakers? Weekday _____ Usual activities _____
Weekend _____ Usual activities _____

Alone? Weekday _____ Usual activities _____
Weekend _____ Usual activities _____

28. What time is your child's bedtime? Weeknights _____ Weekends _____

Bedtime is it enforced? Always ____ Most of the time ____ Sometimes ____ Never ____

What is your child's routine one hour before bedtime? _____

29. Does your child share a bed or bedroom with a sibling or parent? Yes / No

If yes, please explain _____

30. Does your child shower or bathe with a sibling or parent? Yes / No

If yes, please explain _____

31. Please describe your child's interactions with the following:

Parent(s)/Guardian _____

Siblings _____

Peers _____

Teachers _____

32. **Discipline** — How many times in the past week have you had to:

Put your child in "time out" (or send to room)? _____ For how long? _____

Take away privileges or ground your child? _____ For how long? _____

Explain why something was wrong? _____

Shout, yell, or scream at your child? _____

Threaten to spank or hit your child but not actually do it? _____

Spank your child on the bottom with your bare hand? _____

Hit your child on the bottom with a belt, hairbrush, stick, spoon, etc.? _____
 Slap your child on the hand, arm, or leg? _____
 Slap your child on the face, head, or ears? _____

33. Have you noted any problems in these areas? If yes, please explain.

Depression? Yes / No _____
 Anger? Yes / No _____
 Grief? Yes / No _____
 Anxiety? Yes / No _____
 Regressed Behaviors (acting like a younger-aged child)? Yes / No _____

 Social Skills? Yes / No _____
 Detachment? Yes / No _____

34. Please share any additional information about your child you feel may be relevant (frequent moves, divorce, death of family member/pet, etc.) _____

35. Does your child display any of the following behaviors? (Please check the appropriate boxes)

	Presently	Prior	How Long	How Often	Home	School
Hits Adults						
Hits Siblings						
Hits Peers						
Sets Fires						
Destroys Property						
Uses Weapons						
Drinks Alcohol						
Smokes						
Uses Drugs						
Steals						
Lies						
School Truancy						
Poor Grades						
Problems with Friends						
Withdrawn						
Sexual Acting Out						
Talks Back						
Breaks Rules						
Wets Bed						
Daytime Wetting						
Soiling Problems						
Hurts Animals						
Nightmares						
Night Terrors						
Sleeps Too Much						
Sleeps Too Little						
Fearful						
Overactive						
Runs Away						
Low Energy						
Poor Concentration						
Difficulty Making Decisions						
Blames Others for Own Mistakes						

	Presently	Prior	How Long	How Often	Home	School
Deliberately Annoys Others						
Suicidal Gestures or Statements						
Change in Eating Habits						
Needs Constant Supervision						

36.

I.

Please list the sports your child most likes to take part in. (Baseball, skating, dance, bike riding, swimming, basketball, etc.)	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Don't Know	Less Than Average	Average	More Than Average	Don't Know	Less Than Average	Average	More Than Average
a.								
b.								
c.								
d.								

II.

Please list your child's favorite hobbies, activities, and games, other than sports. (Dolls, stamps, books, piano, crafts, singing, etc.). Don't include radio or watching TV.	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Don't Know	Less Than Average	Average	More Than Average	Don't Know	Less Than Average	Average	More Than Average
a.								
b.								
c.								
d.								

III.

Please list any organizations, clubs, teams, or groups your child belongs to.	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age, how well does he/she do each one?			
	Don't Know	Less Than Average	Average	More Than Average	Don't Know	Less Than Average	Average	More Than Average
a.								
b.								
c.								
d.								

IV.

Please list any jobs or chores your child has. For example, paper route, babysitting, making bed, working in store, etc. Include both paid and unpaid jobs and chores.	Compared to others of the same age, how well does he/she carry them out?			
	Don't Know	Less Than Average	Average	More Than Average
a.				
b.				
c.				
d.				
e.				