CHILD/ADOLESCENT & FAMILY PSYCHOSOCIAL FORM

Identifying Information of Child

Name of Child/Adolescent : _____ Sex: ____ DOB: _____ Age: _____

Education

Name of School: _____ Grade: _____

Name of Mother: _____ Sex: ____ DOB: _____ Age: _____

Name of Father: _____ Sex: ____ DOB: _____ Age: _____

Other Caregivers: _____ Sex: ____ DOB: _____ Age: _____

Chief Complaints

Child's Presenting Problems: (check all that apply)

__ Very unhappy
__ Irritable
__ Temper outbursts
__ Withdrawn
__ Daydreaming
__ Fearful
__ Clumsy
__ Overactive
__ Slow
__ Short attention span
__Distractible
__ Lacks initiative
__ Undependable
__ Peer Conflict
__ Phobic
__ Impulsive
__ Stubborn
__ Disobediant
__ Infantile
__ Mean to others
__ Destructive
__ Trouble with the law
__ Running away
__ Self-mutilating
__ Head banging
__ Rocking
__ Shy
__ Strange behavior
__ Strange thoughts
__ Fire Setting
__ Stealing
__ Lying
__ Sexual trouble
__ School Performance
__ Truancy
__ Bed wetting
__ Soiled pants
__ Eating problems
__ Sleeping problems
__ Sickly
__ Drug use
__ Alcohol use
__ Suicidal

Other (Explain): _____

How long have these problems occurred? (number of weeks, months, years):_____

_____

What makes you seek help at this time?_____

_____

Child Health/Mental Health Information

Note all health problems the child/adolescent had in the past and currently (include hospitalizations and medications):

_____

_____

Note all mental health problems the child/adolescent had in the past and currently (include hospitalizations and medications):

_____

_____

Academic Performance

Highest grade on last report card? _____

Lowest grade on last report card? _____

Favorite Subjects: _____

Least Favorite Subjects: _____

Does child/adolescent participate in extracurricular activities: __ Yes __ No

Indicate activities:_____

What are child's/adolescent's educational aspirations: _____

List child/adolescent's special interest, hobbies, skills: _____

_____

Additional Comments

Please indicate other concerns of child/adolescents: _____

_____

_____

_____

Current Family Relationships:

Mother-Relationship to child/adolescent: __ Natural __ Step __ Relative __Adoptive

Occupation _____ Education: _____ Age: ____

Father-Relationship to child/adolescent: __ Natural __ Step __ Relative __Adoptive

Occupation _____ Education: _____ Age: ____

Marital History of parents: __ married/when?____ __sep/when?____ __div/when?___

Deceased: __mother/when?___ __father/when? ___Step-parents: __married/when?____

If child/adolescent is adopted, when did this occur and has the child been told? _____

Brothers and Sisters: (indicate if step-brothers or step-sisters):

Name	Age	Sex	Living at Home (y/n)	Type of Relationship

Parents Marital/Co-habitating Relationship

If married or co-habitating, please give a brief description of the Relationship:

_____

_____

_____

_____

_____

Any history of abuse (emotional, physical, sexual) in current or previous relationship:

_____

_____

Parents Mental Health/Health History

Do you or anyone in your family have any current or past mental health or health concerns? List current and previous mental health/health treatments and/or hospitalizations. (Include dates, interventions, treatment outcomes, and medications)

_____

_____

_____

_____

Parent Drug and Alcohol Use

Any personal and/or family history of drug and/or alcohol usage: List and describe:

_____

_____

Family Expectations

What are your expectations of your child/adolescent?:_____

_____

What changes would you like to see in yourself and your family? _____

_____

Treatment Plans and Recommendations

1) _____

2) _____

3) _____

4) _____

Therapist: _____ **Date**: _____