Please complete all information on this form and bring it to your first visit.

# Child Demographic Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Child’s Name | |  | | | | Gender |  | | | | Age | |  | DOB |  |
| 2. Natural Child | c Yes | | c No |  | If adopted, at what age | | | | |  | | Foster since | | |  |
| 3. Parent’s Names (include step-parents, foster parents, inc.) | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 4. Comments about custody and visitation (if applicable): | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 5. Primary reason you are concerned about your child? | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |

# SYMPTOM/PROBLEM CHECKLIST

Check any symptom that is a concern and please note how long has it been a problem?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | c Sleep problems | | | | | |  | | | | | | | | | | | |  | c Morbid thoughts | | | | | | | | |  | | | | | | | | | |
|  | c Lack of interest in activities | | | | | | | | | | | | | | | |  | |  | c Suicidal thoughts or threats | | | | | | | | | | | | | | |  | | | |
|  | c Unassertive | | |  | | | | | | | | | | | | | | |  | c Suicidal plans / attempts | | | | | | | | | | | | |  | | | | | |
|  | c Fatigue/low energy | | | | | | | |  | | | | | | | | | |  | c Mood swings | | | | | |  | | | | | | | | | | | | |
|  | c Concentration problems | | | | | | | | | | | |  | | | | | |  | c Depression | | | |  | | | | | | | | | | | | | | |
|  | c Appetite/weight changes | | | | | | | | | | | | |  | | | | |  | c Changed level of activity | | | | | | | | | | | | |  | | | | | |
|  | c Withdrawal | | |  | | | | | | | | | | | | | | |  | c Cries easily | | | |  | | | | | | | | | | | | | | |
|  | c Forgetful/memory problems | | | | | | | | | | | | | | | | |  |  | c Talks excessively / interrupts | | | | | | | | | | | | | | | |  | | |
|  | c Short attention span | | | | | | | | |  | | | | | | | | |  | c Easily distracted | | | | | | | |  | | | | | | | | | | |
|  | c Aggressive behavior | | | | | | | | |  | | | | | | | | |  | c Irritable |  | | | | | | | | | | | | | | | | | |
|  | c Can’t sit still | | | |  | | | | | | | | | | | | | |  | c Impulsive | | |  | | | | | | | | | | | | | | | |
|  | c Not interested in peers | | | | | | | | | | |  | | | | | | |  | c Difficulty following rules | | | | | | | | | | | | | |  | | | | |
|  | c Picked on / bullied by peers | | | | | | | | | | | | | | | |  | |  | c Problem completing schoolwork | | | | | | | | | | | | | | | | | |  |
|  | c Excessive worry / fearfulness | | | | | | | | | | | | | | | | |  |  | c Nightmares | | | |  | | | | | | | | | | | | | | |
|  | c Anxiety or panic attacks | | | | | | | | | | | |  | | | | | |  | c Frequent tantrums | | | | | | | | | |  | | | | | | | | |
|  | c Social fears, shyness | | | | | | | | |  | | | | | | | | |  | c Resistive to change | | | | | | | | | |  | | | | | | | | |
|  | c Separation problems | | | | | | | | | |  | | | | | | | |  | c School refusal | | | | | | |  | | | | | | | | | | | |
|  | c Bedwetting / soiling | | | | | | | |  | | | | | | | | | |  | c Perfectionism | | | | |  | | | | | | | | | | | | | |
|  | c Headaches, stomachaches | | | | | | | | | | | | | |  | | | |  | c Odd hand / motor movements | | | | | | | | | | | | | | | | |  | |
|  | c Odd beliefs / fantasizing | | | | | | | | | | | |  | | | | | |  | c Hallucinations | | | | | | |  | | | | | | | | | | | |
|  | c Lying |  | | | | | | | | | | | | | | | | |  | c Stealing | |  | | | | | | | | | | | | | | | | |
|  | c Trouble with the law | | | | | | | | | |  | | | | | | | |  | c Being destructive | | | | | | | | |  | | | | | | | | | |
|  | c Running away | | | | |  | | | | | | | | | | | | |  | c Fire setting | | | |  | | | | | | | | | | | | | | |
|  | c Truancy, skipping school | | | | | | | | | | | | |  | | | | |  | c Hurting others / fighting | | | | | | | | | | | | |  | | | | | |
|  | c Hurting others sexually | | | | | | | | | | |  | | | | | | |  | c Acts as if has no fear | | | | | | | | | | | |  | | | | | | |
|  | c Alcohol / drug use | | | | | | |  | | | | | | | | | | |  | c Short tempered | | | | | | | |  | | | | | | | | | | |
|  | c Argumentative / defiant | | | | | | | | | | | |  | | | | | |  | c Easily annoyed / annoys others | | | | | | | | | | | | | | | | |  | |
|  | c Swears | |  | | | | | | | | | | | | | | | |  | c Discipline problem | | | | | | | | | |  | | | | | | | | |
|  | c Blames others for mistakes | | | | | | | | | | | | | | |  | | |  | c Angry and resentful | | | | | | | | | | |  | | | | | | | |

# Siblings

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | First Name – Last Name | Gender | Age | Relationship to child (full, step, half, foster) |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |

# SCHOOL HISTORY

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Present School: | |  | | | | | Grade: | |  | Teacher: | | |  |
| 2. | Has child ever repeated any grade? | | | c Yes | | c No | | | | | | | | |
| 3. | Is child in special education services? | | | | c Yes | | c No | | what kind? | | |  | | |
| 4. | Please describe academic or other problems your child has had in school | | | | | | | | | | | |  | |
|  | |  | | | | | | | | | | | | |

# CHILD’S DEVELOPMENTAL AND MEDICAL HISTORY

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pregnancy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Mother used during pregnancy: | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Alcohol | | | | | | | | | | | | c Drugs | | | | | | | c Cigarettes | | | | | | | |  | | | | |
|  | | | Delivery: | | | | | | c Normal | | | | | | | | | | | | | | | | | | | | c Breech | | | | | | | | | | c Cesarean | | | | | | | | | | | | c Transectional | | | | | | | | | | | |
|  | | |  | | | | | | c Full-term | | | | | | | | | | | | | | | | | c Premature | | | | | | | | | | | if premature, number of weeks | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | Birth Weight: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | |
|  | | | Problems at birth: (for example: infant given oxygen, blood transfusion, placed in an | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incubator, etc) | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Developmental History | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | State approximate age when child did the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | Walked alone | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |
|  | | |  | Said first word | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |
|  | | |  | Used 2-word phrases | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |
|  | | |  | Understood and followed simple directions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | |
|  | | |  | Reasonably well toilet trained | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |
|  | | | Excessive crying c | | | | | | | | | | | | | | | | Rarely cried c | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |
|  | | | In the first two years, did your child experience: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | c Separation from mother | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Neglect | | | | | | | | | | | | | | | | | | | |
|  | | |  | c Out of home care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Chronic pain | | | | | | | | | | | | | | | | | | | |
|  | | |  | c Disruption in bonding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Chronic Illness | | | | | | | | | | | | | | | | | | | |
|  | | |  | c Depression of mother | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Parental Stress | | | | | | | | | | | | | | | | | | | |
|  | | |  | c Abuse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | |
| Health History of Child | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child’s Doctor: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of last physical exam: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vision problems? | | | | | | | | | | | | | c Yes | | | | | | | | | | | c No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Hearing problems? | | | | | | | | | | | | | | | c Yes | | | | | | | | | | c No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Dental problems? | | | | | | | | | | | | | c Yes | | | | | | | | | | | c No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Any head injuries or loss of consciousness? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Yes | | | | | | | | c No | | | | | | | | | | | | | | | | | | | | |  |
| Child’s history of serious illness, injury, handicaps, or hospitalization? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Yes | | | c No | | | | | | |
|  | | describe and give dates | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is your child currently taking any medications? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Yes | | | | | | | | | | | c No | | | | | | | | | | | | | | |  |
|  | | name medications | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List any medicines previously used for emotional problems: were they helpful? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Allergies to drugs or medicines? | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Yes | | | | | c No | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| (list) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Allergies to any foods? | | | | | | | | | | | | | | | | | | | c Yes | | | | | | | | | | c No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| (list) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are there any foods that you limit or do not give this child? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Yes | | | | | c No | | | | |  | | | | |
| (list) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Allergies to environmental conditions? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Yes | | | | | c No | | | | | | | | | | | | | | | | | | | | |  | | | | |
| (list) | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does anyone in the household smoke? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Yes | | | | | c No | | | | | | | | | | | | | | | | | | | | |  | | | | |
| About how many hours per day does this child engage with electronic media (i.e., iPad, video | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| games, TV, etc.) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you afraid someone you know may injure/harm this child? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Yes | | | | | c No | | | | | |  | | |
| **National Domestic Violence Hotline 1-800-799-7233** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does this child have a Health Care Directive? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Yes | | | | | | | | | | c No | | | | | | | | | | | | |  | | | | |
| If yes, please list where (clinic) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any previous psychological or psychiatric treatment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Yes | | | | | | | | | | c No | | | | | | | | |  | | | | |
|  | | Whom/where | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | when | |  | | | | | | | |
| Any previous testing (school/psychological)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Yes | | | | | | | | | c No | | | | | | | | | | | | | | |  | | | | |
|  | | | Whom/where | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | when | |  | | | | | | | |
| Do you think your child’s use of chemicals is a problem? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | c Yes | | | | c No | | | | | | | |  | | | | |
| Type: | | | | | | c Alcohol | | | | | | | | | | c Marijuana | | | | | | | | | | | | | | c Other drugs | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

# Family History:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Chemical use (now & past): | | | | c Yes | | | | | c No | Which parent | |  | |
|  | Type: c Alcohol | | c Marijuana | | c Other drugs | | |  | | | | | |
| List any history of mental illness or addiction in immediate or extended family (Ex: Depression, anxiety, bipolar disorder, suicide attempts, alcoholism, drugs, ADHD, schizophrenia, etc.): | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Has child witnessed domestic violence? | | | | | | c Yes | c No | | | | | |  |
|  | Specify: |  | | | | | | | | | | | |
| How is your child disciplined? Please list each method and frequency of use: | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

# LIFE STRESSORS/TRAUMA HISTORY

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Has your child been verbally abused? | | | | | c Yes | | | c No | | | | c Suspected. | | | | |
|  | Specify: |  | | | | | | | | | | | | | | |
| 2. Has your child been physically abused? | | | | | | c Yes | | | c No | | | | c Suspected | | | |
|  | Specify: |  | | | | | | | | | | | | | | |
| 3. Has your child been sexually abused? | | | | | c Yes | | c No | | | | c Suspected | | | | | |
|  | Specify: |  | | | | | | | | | | | | | | |
| 4. Other stressors or traumas? | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| What are your child’s strengths? | | | |  | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | |
| Any additional comments or information that would be helpful to us? | | | | | | | | | | | | | |  | | |
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| Signature of person completing form / relationship to client: | | | | | | | | | | | | |  | | | |
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