

## ERICK GONZALEZ, PsyD

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### CHILD HISTORY FORM

#### General Information

Today's Date	
Name of Patient	
Gender	
Age	
Date of Birth	
Preferred Pronouns	
Person Completing Form	

### DEVELOPMENTAL HISTORY

#### Pregnancy and Birth

Length of pregnancy	
Length of labor	
Baby's birth weight	
Baby's condition at birth	
Type of delivery	
Please describe any problems or complications during the pregnancy and delivery of the child	

Please describe any developmental delays:


### MEDICAL INFORMATION

#### Current Physicians:

Name of Physician:	
Other Physician:	
Other Physician:	

Please list all current illnesses:


**Please list all medications:**

Name of Medication	Dosage	Date first Prescribed	Reason for Medication

#### **SUBSTANCE USE**

**Please list all current substances the child is using (including alcohol):**

Name of substance	How often?	How much?	Date first used

**Please describe any problems affiliated with alcohol or substance use:**


#### **PSYCHIATRIC INFORMATION**

**Psychiatrists**

Name of Psychiatrist	Dates seen	Reason

**Previous Psychiatric Hospitalizations and Partial Hospitalizations:**

Name of Hospital	Dates	Reason For Hospitalization

**Therapy experiences**

<b>Name of Therapist</b>	<b>Dates seen</b>	<b>Reason</b>

**EDUCATIONAL INFORMATION**

<b>Current Grade</b>	
<b>Name of School</b>	
<b>Is the child in GT, Honor's classes or Advanced classes?</b>	
<b>Is there a history of learning problems or special education? Please describe:</b>	
<b>Is there a history or speech and language problems? Please describe:</b>	
<b>Is there a history of fine motor or gross motor problems? Please describe:</b>	
<b>Is there a history of bullying or teasing? Please describe:</b>	
<b>Is there a history of ISS or OSS? Please describe:</b>	
<b>Is there a history of behavior problems? Please describe:</b>	
<b>Is there a history of social problems? Please describe:</b>	

**Please describe child's academic performance and any concerns in each grade:**

<b>Kindergarten</b>	
<b>First</b>	
<b>Second</b>	
<b>Third</b>	

<b>Fourth</b>	
<b>Fifth</b>	
<b>Sixth</b>	
<b>Seventh</b>	
<b>Eighth</b>	
<b>Ninth</b>	
<b>Tenth</b>	
<b>Eleventh</b>	
<b>Twelfth</b>	

### FAMILY INFORMATION

**Where was the child born and raised?**

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**Who raised or is raising the child?**


**Please provide information regarding family members**

<b>Relationship</b>	<b>Name</b>	<b>Age</b>	<b>Alive or Deceased</b>	<b>Quality of Relationship</b>	<b>Occupation</b>
<b>Mother</b>					
<b>Father</b>					
<b>Stepmother</b>					
<b>Stepfather</b>					
<b>Other Guardian</b>					
<b>Other Guardian</b>					
<b>Other Guardian</b>					

**Are the parents divorced or separated?**

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**When was the divorce or separation?**

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**Who has primary custody?**

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What is the visitation schedule?

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What is the quality of the post-divorce relationship?

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Please describe any marital problems or conflict areas:


Please provide information regarding your child’s siblings:

Sibling	Name	Age	Living at home?	Quality of Relationship
Sibling 1				
Sibling 2				
Sibling 3				
Sibling 4				
Sibling 5				
Sibling 6				

Did the child experience any physical abuse? If yes, please describe:


Did the child experience any sexual abuse? If yes, please describe:


Did the child witness any domestic violence ? If yes, please describe:


Did the child experience any neglect child? If yes, please describe:


**Did any of the child's family members suffer from addiction problems? If yes, please describe:**


**SPIRITUAL AND RELIGIOUS INFORMATION**

**What are the child's and family's religious beliefs? Please describe:**

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**RECREATION**

**What are the child's recreational interests? Please describe:**
