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CHILD HISTORY QUESTIONNAIRE

Name: _____ **Grade:** _____

Age: _____ **School:** _____

Person Completing Form: _____

Family History

Parents

With whom does the child live at this time? _____

Are parents divorced or separated? _____

Date of Divorce:_____ If divorced, who has legal custody? _____

If divorced, please describe visitation schedule:_____

_____

Were the child's parents ever married? ___ Yes ___ No

Is there any significant information about the parents' relationship or treatment toward the child which might be beneficial in counseling? _____ Yes ___ No If Yes, describe:

_____

_____

Client's Mother

Name: _____ Age: _____Occupation: _____Hours worked per week _____

Where employed: _____

Mother's education: _____

Is the child currently living with mother? ___ Yes _____ No

___Natural parent ___Step-parent ___Adoptive parent ___Foster home ___ Other (specify): _____

Is there anything notable, unusual or stressful about the child's relationship with the mother?__ Yes __ No If Yes, please explain: _____

_____

Client's Father

Name: _____ Age: _____ Occupation: _____Hours worked per week: _____

Where employed: _____

Father's education: _____

Is the child currently living with father? __ Yes ___ No

___Natural parent ___Step-parent ___Adoptive parent ___Foster home ___Other (specify): _____

Is there anything notable, unusual or stressful about the child's relationship with the father? __Yes __No

If Yes, please explain:

_____

_____

Client's Siblings and Others Who Live in the Household

Names of Siblings	Age	Gender	Lives	Quality of relationship with the client
_____	___	___ F ___ M	___ home ___ away	___ poor ___ average ___ good
_____	___	___ F ___ M	___ home ___ away	___ poor ___ average ___ good
_____	___	___ F ___ M	___ home ___ away	___ poor ___ average ___ good
_____	___	___ F ___ M	___ home ___ away	___ poor ___ average ___ good
Others living in the household			Relationship (e.g., cousin, foster child)	
_____	___	___ F ___ M	_____	___ poor ___ average ___ good
_____	___	___ F ___ M	_____	___ poor ___ average ___ good

What languages (other than English) are spoken in the home? _____

Has the child experienced any physical abuse sexual abuse or neglect? ___Yes ___No

If Yes, describe: _____

_____

Has the child/adolescent experienced death? (friends, family pets, other) ___ Yes ___ No

At what age? _____ If Yes, describe the child's/adolescent's reaction: _____

_____

Have there been any other significant changes or events in your child's life? (family, moving, fire, etc.)

__ Yes ___ No If Yes, describe: _____

_____

Developmental History

Pregnancy/Birth

Has the child's mother had any occurrences of miscarriages or stillborns? ___Yes ___No

If Yes, describe: _____

Length of pregnancy: ___ Mother's age at child's birth: _____

Did the mother use drugs, cigarettes or alcohol? ___ Yes ____ No If Yes, type/amount: _____

While pregnant, did the mother have any medical or emotional difficulties? (e.g., surgery, hypertension, medication) __Yes __No

If Yes, describe: _____

Length of labor: _____ Induced: __ Yes ___ No Caesarean? ___ Yes ___ No

Baby's birth weight: _____ Baby's birth length: _____

Describe any physical or emotional complications with the delivery: _____

_____

Describe any complications for the mother or the baby after the birth: _____

_____

Length of hospitalization: Mother: _____ Baby: _____

Developmental History

Please note the age at which the following behaviors took place:

Sat alone: _____ Dressed self: _____

Took 1st steps: _____ Tied shoe laces: _____

Spoke words: _____ Rode two-wheeled bike: _____

Spoke sentences: _____ Toilet trained-- Day:_____Night: _____

Compared with others in the family, child's development was: _____ slow _____ average _____ fast

Age for following developments (fill in where applicable) Began puberty:_____Menstruation: _____

Issues that affected child's development (e.g., inadequate nutrition, neglect, etc.)_____

_____

Medical/Physical Health

Health Conditions

___Abortion ___Hayfever ___Pneumonia ___Asthma ___Heart trouble ___Polio ___Blackouts ___Hepatitis __Pregnancy
___Bronchitis ___Hives ___Rheumatic Fever ___Cerebral Palsy ___Influenza ___Scarlet Fever ___Chicken Pox ___Seizures
___Congenital problems ___Measles ___Severe colds ___Croup ___Meningitis ___ Concussions/Head injury ___Diabetes
___Diphtheria ___Multiple sclerosis ___Thyroid disorders ___Dizziness ___Mumps ___Vision problems ___Ear aches
___Wearing glasses ___Ear infections ___Nose bleeds ___Whooping cough ___Eczema ___Other skin rashes Fevers

List any current health concerns: _____

Current prescribed medications	Dose	Dates	Purpose	Side effects

List dates/reasons of any hospitalizations: _____

Immunization record: Has the child received all immunizations? ___Yes ___No

Name of Physician:_____

Is there a family history of mental illness, learning problems, or substance abuse? Please describe: _____

_____

Nutrition

Does your child eat fruit/vegetables? ___Yes ___No Does your child engage in "emotional eating"? ___Yes ___No

Would you describe your child as a picky eater? ___Yes ___No

Does your child eat meals that are prepared for the entire family? ___Yes ___No

Describe any concerns regarding your child's weight or eating habits: _____

_____

Education

Current school: _____Grade: _____Teacher: _____

Type of school: ___Public ___Private ___Home schooled ___Other (specify):_____

In special education? ____ Yes ___ No If Yes, describe: _____

In gifted program? ___ Yes ____ No If Yes, describe: _____

Has your child ever received speech/language therapy? _____ Yes _____ No If Yes, describe: _____

Has child ever repeated a grade in school? ____ Yes ___ No If Yes, describe: _____

Which subjects does the child enjoy in school? _____

Which subjects does the child dislike in school? _____

What grades does the child usually receive in school? _____

Have there been any recent changes in the child's grades? ___ Yes ___ No If Yes, describe: _____

Has the child been tested psychologically? ____ Yes ____ No Describe:_____

Briefly describe the child's performance and any concerns in each grade:

Kindergarten: _____

1st Grade: _____

2nd Grade: _____

3rd Grade: _____

4th Grade: _____

5th Grade: _____

6th to 8th Grade: _____

High School: _____

What percentage of homework time requires adult supervision? _____ Average time per night spent on homework_____
Check the descriptions which specifically relate to your child.

Feelings about School Work:

___Anxious ___Passive ___Enthusiastic ___Fearful ___Eager ___No expression ___Bored ___Rebellious

__ Other (describe): _____

Approach to School Work:

___Organized ___Industrious ___Responsible ___Interested ___Self-directed ___No initiative ___Refuses ____ Perfectionism

___Does only what is expected ___Sloppy ___Disorganized ___Cooperative ___Doesn't complete assignments

__ Other (describe): _____

Performance in School (Parent's Opinion):

___ Satisfactory ___Underachiever ___Overachiever ___Other (describe):_____

Child's Peer Relationships:

__ Spontaneous ___Follower ___Leader ___Difficulty making friends ___Makes friends easily ___Long-time friends

___Shares easily ___Other (describe): _____

If the child is involved in a vocational program or works a job? Describe: _____

Are there any problems?_____

Leisure/Recreational

Describe special areas of interest or hobbies (e.g., art, books, physical fitness, sports, church activities etc.)

_____

_____

Chemical Use History

Does the child/adolescent use or have a problem with alcohol or drugs? ___Yes __ No

If Yes, describe: _____

_____

Counseling/Prior Treatment History

	Yes	No	When	Provider's Name	Overall experience
Counseling	____	____	_____	_____	_____
Psychiatric	____	____	_____	_____	_____
Drug/alcohol treatment	____	____	_____	_____	_____
Hospitalizations	____	____	_____	_____	_____
Psych. Testing	____	____	_____	_____	_____

Additional Comments:_____

_____

Current Evaluation

Please describe your reasons for having your child tested at this time: _____

_____

_____

Legal History

Please describe your child's current or past involvement with the legal system: _____

_____

Other

Please describe any other concerns you have regarding your child/adolescent: