STAR Counseling & Consultation, PLLC

MINOR CHILD CHECKLIST DATE:_____

CHILD'S NAME:_____ APPT. DATE:_____

PARENT'S NAME(S):_____

□ If your child is adopted we will need adoption paperwork to verify custody

ARE YOU AND THE OTHER PARENT MARRIED SEPARATED DIVORCED

(IF MARRIED AND COMING TOGETHER, YOU CAN SKIP THE REST OF THIS CHECKLIST)

□ If divorced, we will need a copy of the decree at or before the 2nd session

□ What are the custody arrangements? JOINT CUSTODY PRIMARY CUSTODY

OTHER_____

□ Who will be attending the appointments? _____

□ We always encourage both parents to be involved in therapy for a child. Will you notify the other parent? YES NO _____

_____

□ Is there litigation pending at this time? YES NO

If yes understand that the therapist in not agreeing to be an expert witness or to testify at any deposition, court proceeding, or in any other way.

STAR Counseling & Consultation, PLLC

Name_____ Date of Birth _____

Childhood Developmental History
(Please complete if client is 18 years old or younger)

1). Please list any allergic reactions to things the client may have:

_____

2.) Has the client previously received any type of mental health services (psychotherapy, psychiatric services, etc)?
☐ No ☐ Yes, name of your *Psychiatrist/Psychologist*?
_____

3) Is the client currently taking any medications? _____
_____

4). List any significant injuries while growing up?

_____
_____
_____

5). List any ***past or present*** serious health diseases? (chicken pox, whooping cough, pneumonia, etc..)

_____
_____
_____

6). List any ***past or present*** chronic health problems (asthma, ear infections, etc.)

_____
_____
_____

7). List any hospitalizations and briefly explain the reason why?

_____
_____
_____

8). Were developmental milestones met appropriately? Yes☐ No☐ (If No then identify what delays occurred):_____
_____
_____

9). What type of social interaction does your child engage in?

☐Normal ☐Isolates self ☐Very Shy ☐Alienates Self ☐ Dominates others

☐Inappropriate Sex play ☐Associates with acting out peers ☐ Other _____

10). Does your child have any intellectual / academic disabilities?

☐Normal Intelligence ☐High Intelligence ☐Learning Problems ☐Underachieving
☐Autism spectrum ☐ Intellectual disability ☐Other _____
Estimated functioning level: _____
What age did the child receive a diagnosis: _____

11). Does or has your child exhibited any of the following emotional/behavioral problems? (Please check all that apply)

☐ None	☐ Repeats words of other	☐ distrustful
☐ Drug use	☐ Not trustworthy	☐ extreme worrier
☐ Alcohol abuse	☐ hostile/angry mood	☐ self-injurious acts/self-harm
☐ Chronic Lying	☐ indecisive	☐ impulsive
☐ Stealing	☐ immature	☐ easily distracted
☐ Violent temper	☐ bizarre behavior	☐ poor concentration
☐ Fire-setting	☐ self-injurious threats	☐ often sad
☐ Hyperactive	☐ frequently tearful	☐ breaks things in anger
☐ Problems with peers	☐ frequent conflict in school	☐ truant
☐ runaway	☐family conflict	☐ “Moody” (rapidly changing mood)
☐ disobedient	☐ withdrawn	☐ verbally assaults others
☐ recent change	☐ disrespectful to authority	☐ physical assault/violent

☐Other_____

Please explain most significant concerns:

_____
_____