BACKGROUND INFORMATION FOR PARENTS/CARETAKERS

Instructions: Please take a few minutes to answer these questions. If you are uncertain about any question, please leave it blank and we will discuss it later. Thank you.

Child's Name: ____ Date: _______________

Your Name: ____

Email: ____

Relationship to child: ____

Who referred you here: ____

Please answer the following questions regarding the child:

Address: ____

Telephone Numbers: *Day* _______________________ *Evening* ___________________________

Age: _________ Place of birth:____ Sex: __________

Date of Birth: _______________ School: ___________________________ Grade: _____________

Race/Nationality: _______________________________ Religion: ___________________________

Languages spoken in the child's home: ____

Child's primary language: ____

Please list everyone who lives with child: ____

____

How would you describe the child's main problems: ____________________________________

____

____

When did his/her problems begin: ____

How do these problems affect the family: ____

____

How have you tried to resolve these problems: ____

____

I. FAMILY COMPOSITION

1. At the time the child was born . . .

   Were his/her parents living together? ☐ Y ☐ N

   Were his/her parents married? ☐ Y ☐ N

   Were his/her parents under any unusual stress? ☐ Y ☐ N

   Was the father happy about becoming a father? ☐ Y ☐ N

   Was the mother happy about becoming a mother? ☐ Y ☐ N

2. Please answer the following questions about the child's biological father:

   His occupation: ____

   His education: ________________________________ Ethnicity: __________________

   Is he still alive? ☐ Y ☐N Age at death: ___________ Cause: ____________________

   Please describe the father's personality and the child's relationship with him:

   ____

   ____

   ____

3. Please answer the following questions about the child's biological mother:

   Her occupation: ____

   Her education: ________________________________ Ethnicity: __________________

   Is she still alive? ☐ Y ☐ N Age at death: ___________ Cause: ____________________

   Please describe the mother's personality and the child's relationship with her:

   ____

   ____

   ____

4. Other adults who act as parental figures/caretakers: ☐ Stepparent ☐ Grandparents

☐ Aunt/uncle ☐ Nanny/babysitter ☐ Friends ☐ Older sibling

5. Check off words that are descriptive of the child's family:

☐ Close ☐ Loving ☐ Disinterested ☐ Supportive ☐ Neglectful

☐ Distant ☐ Abusive ☐ Hard-working ☐ Overprotective

☐ Tense ☐ Rejecting ☐ Controlling ☐ Full of conflict ☐ High-achieving

6. Was the child adopted? ☐ Y ☐ N If yes, at what age:___________________________

7. Age of parents/caretakers when married: Mother:_______________ Father: _______________

8. Were the parents/caretakers ever separated: ☐ Y ☐ N

9. Ever divorced? ☐ Y ☐ N If so, how old was the child:_______________________________

10. Number of times Mother has been married:__________________ Father: _________________

11. Number of full siblings:_____________ Half-siblings:______________ Stepsiblings:_________

12. Sibling problems: (check all that apply)

☐ Rivalry/jealousy ☐ Social difficulties ☐ Learning disabilities ☐ Medical

☐ Behavioral ☐ Psychiatric ☐ Legal

13. To your knowledge, has anyone ever . . .

Made the child feel unwanted?	☐ Y	☐ N
Told the child they were proud of them?	☐ Y	☐ N
Repeatedly embarrassed the child?	☐ Y	☐ N
Threatened to leave or send the child away?	☐ Y	☐ N
Used excessive force in disciplining the child?	☐ Y	☐ N
Sexually molested the child?	☐ Y	☐ N
Hit another person in the child's family?	☐ Y	☐ N
Physically hurt the child?	☐ Y	☐ N
Put the child in a parental role?	☐ Y	☐ N
Made the child feel he/she is not good enough?	☐ Y	☐ N

14. Please check any of the following stressors in the child's household:
    - ☐ Financial
    - ☐ Child spends too much time alone
    - ☐ Problems with in-laws
    - ☐ Too much arguing
    - ☐ Problems with other siblings
    - ☐ Inconsistency in discipline
    - ☐ One parent absent much of time
    - ☐ Drugs/alcohol
    - ☐ Domestic violence
    - ☐ Disabled or ill family member in home

15. Has the child's parents or siblings ever been arrested? ☐ Y ☐ N

16. Who is the child closest to? ☐Father ☐Mother ☐Both parents ☐Sibling ☐Grandparent ☐Other relative ☐Friend ☐No one

16. How is the child punished: ____

17. With regards to discipline, do you consider the child's caretakers to have rules that are:

    Father: ☐ Strict ☐ Fair ☐ Permissive
    Mother: ☐ Strict ☐ Fair ☐ Permissive
    Does the father closely supervise the child? ☐ Y ☐ N
    Does the mother closely supervise the child? ☐ Y ☐ N

    With regards to punishing the child:
    Is the father: ☐ Overly harsh ☐ Appropriate ☐ Lax or inconsistent
    Is the mother: ☐ Overly harsh ☐ Appropriate ☐ Lax or inconsistent

II. PREGNANCY

1. Was this a planned pregnancy? ☐ Y ☐ N
2. Were there difficulties in conceiving this child/fertility problems? ☐ Y ☐ N
3. Number of previous pregnancies/miscarriages? ____
4. During the pregnancy, did the mother:
    - ☐ See a doctor regularly
    - ☐ Have an amniocentesis
    - ☐ Have adequate nutrition
    - ☐ Smoke cigarettes
    - ☐ Use alcohol
    - ☐ Use drugs
    - ☐ Take medication
    - ☐ Have to be hospitalized
    - ☐ Gain excessive weight
    - ☐ Have genetic testing
5. Please check any complications experienced during pregnancy:
    - ☐ Excessive vomiting ☐ Infection ☐ Threatened miscarriage ☐ Illness
    - ☐ Vaginal bleeding ☐ Toxemia ☐ Surgery ☐ Measles ☐ Anemia
    - ☐ Injury to mother ☐ Placed on bed rest ☐ High blood pressure ☐ Flu

III. LABOR AND DELIVERY

1. Age of mother at child's birth: ____________________

2. Length of pregnancy:____________________weeks

3. Type of delivery: ☐ Spontaneous ☐ Induced
4. Duration of labor: ☐ Under two hours ☐ Two to six hours ☐ Over six hours
5. Type of delivery: ☐ Normal ☐ Breech ☐ Caesarian
6. Were forceps or suction used? ☐ Y ☐ N
7. Please circle any complications at birth:
   ☐ Delay in breathing ☐ Cord around neck ☐ Injury to infant
   ☐ Injury to mother ☐ Hemorrhage ☐ Born addicted to drugs
   ☐ Other:____________________

8. Birth weight: ____________pounds____________ ounces

9. APGAR scores: 1st:____________________ 2nd:____________________

10. Did the child have:
    Birth defects ☐ Y ☐ N
    Jaundice ☐ Y ☐ N
    Need for an incubator ☐ Y ☐ N
    A blood transfusion ☐ Y ☐ N
11. Total number of days child was in hospital: ____________________

IV. DEVELOPMENTAL HISTORY

1. Please check any problems the child had during the first year of life:

   ☐ Feeding/sucking ☐ Infant apnea ☐ Excessive vomiting ☐ Infections
   ☐ Excessive diarrhea ☐ Colic ☐ Not easily comforted ☐ Head banging
   ☐ Did not like to be held ☐ Lethargic ☐ Difficulty sleeping ☐ Overly active
2. Was the child breast-fed? ☐ Y ☐ N When weaned?____________________

3. As best you can recall, when did the child first . . .
   Smile: ☐ Never ☐ Early ☐ On time ☐ Late
   Sit without support ☐ Never ☐ Early ☐ On time ☐ Late
   Crawl ☐ Never ☐ Early ☐ On time ☐ Late

Stand without support	☐ Never	☐ Early	☐ On time	☐ Late
Walk	☐ Never	☐ Early	☐ On time	☐ Late
Speak first words	☐ Never	☐ Early	☐ On time	☐ Late
Bowel trained	☐ Never	☐ Early	☐ On time	☐ Late
Bladder trained	☐ Never	☐ Early	☐ On time	☐ Late
Button own clothing	☐ Never	☐ Early	☐ On time	☐ Late
Tie own shoelaces	☐ Never	☐ Early	☐ On time	☐ Late
Learn to ride a bike	☐ Never	☐ Early	☐ On time	☐ Late
Say entire alphabet	☐ Never	☐ Early	☐ On time	☐ Late
Name colors	☐ Never	☐ Early	☐ On time	☐ Late
Begin to read	☐ Never	☐ Early	☐ On time	☐ Late

4. Please check any problems the child had as a toddler (age 1 – 4):

☐ Rock self to sleep ☐ Accident-prone ☐ Temper tantrums
☐ Defiant ☐ Attack other children ☐ Hyperactive
☐ Difficult to control ☐ Heedless to danger ☐ Not interested in other children
☐ Sleeping problems ☐ Separating from parents ☐ Excessive crying
☐ Difficulty tolerating change

5. Please check any words that describe the child's early temperament:

☐ Quiet ☐ Inquisitive ☐ Active ☐ Sensitive ☐ Timid ☐ Whiny
☐ Frail ☐ Easy-going ☐ Aggressive ☐ Anxious ☐ Irritable ☐ Energetic
☐ Lethargic

6. Which hand does the child write with? ☐ Left ☐ Right

At what age did the child demonstrate a preference for one hand over the other:______________

Has the child been forced to change writing hand? ☐ Y ☐ N

V. SCHOOL HISTORY

1. What kinds of schools has the child attended? (check all that apply)

☐ Public schools	☐ Private schools
☐ Continuation school	☐ Parochial or religious school
☐ Independent learning center	☐ Special education classes
☐ Remediation classes	☐ Home schooling

2. How many schools has the child attended:____

   Elementary schools:_________ Junior high schools:_________ High schools:______

3. Please describe the child's overall academic performance:

Elementary school	☐ Above average	☐ Average	☐ Below average
Junior high	☐ Above average	☐ Average	☐ Below average
High school	☐ Above average	☐ Average	☐ Below average

   High school GPA: ____

4. Has the child ever:

Become afraid of going to school?	☐ Y	☐ N
Needed extra help to learn to read?	☐ Y	☐ N
Had difficulty spelling?	☐ Y	☐ N
Had trouble doing math?	☐ Y	☐ N
Had trouble learning to write?	☐ Y	☐ N
Had trouble paying attention in class?	☐ Y	☐ N
Been placed in advanced classes?	☐ Y	☐ N
Skipped a grade ahead?	☐ Y	☐ N
Been diagnosed with a learning disability?	☐ Y	☐ N
Seemed regularly bored with school?	☐ Y	☐ N
Had to repeat a grade? Which one(s)?_____________________	☐ Y	☐ N
Joined any clubs in school?	☐ Y	☐ N
Been suspended from school? Reason?____________________	☐ Y	☐ N
Skipped classes?	☐ Y	☐ N
Dropped out of school? Reason?_________________________	☐ Y	☐ N

Been expelled from school? Reason?________________ ☐ Y ☐ N

Won any awards in school? ☐ Y ☐ N

5. Child's best subjects: ____

   Child's worst subjects: ____

6. Please rate the child on the following skills:

Overall coordination	☐ Good	☐ Average	☐ Poor
Handwriting	☐ Good	☐ Average	☐ Poor
Listening	☐ Good	☐ Average	☐ Poor
Paying attention	☐ Good	☐ Average	☐ Poor
Reading	☐ Good	☐ Average	☐ Poor
Math skills	☐ Good	☐ Average	☐ Poor
Spelling	☐ Good	☐ Average	☐ Poor
Expressing him/herself verbally	☐ Good	☐ Average	☐ Poor
Expressing him/herself in writing	☐ Good	☐ Average	☐ Poor
Musical ability	☐ Good	☐ Average	☐ Poor
Athletic ability	☐ Good	☐ Average	☐ Poor
Artistic ability	☐ Good	☐ Average	☐ Poor
Social skills	☐ Good	☐ Average	☐ Poor

7. If relevant, year graduated from high school: ______________________________

8. What has the child said he/she wants to be when they grow up:

   ____

9. What would you like the child to be when he/she grows up:

   ____

10. Has the child ever had a job? ☐ Y ☐ N Any work-related problems? ☐ Y ☐ N

11. List of jobs:____

    ____

VI. SOCIAL HISTORY

1. Please check any words that are descriptive of your child currently:

☐ Shy	☐ Outgoing	☐ Loner	☐ Responsible	☐ Friendly
☐ Dramatic	☐ Controlling	☐ Easy-going	☐ Reserved	☐ Follower
☐ Leader	☐ Isolated	☐ Manipulative	☐ Rigid	☐ Rebellious
☐ Independent	☐ Uncontrollable	☐ Artistic	☐ Risk-taking	☐ Sensitive
☐ Intellectual	☐ Athletic	☐ Talented	☐ Popular	☐ Dependent
☐ Insecure	☐ Optimistic	☐ Negative	☐ Aggressive	☐ Cooperative
☐ Intimidating	☐ Defiant	☐ Self-centered	☐ Flexible	☐ Honest
☐ Callous	☐ Insensitive	☐ Competitive	☐ Caretaking	☐ Polite

2. Is your child . . .

Teased and picked on by their peers?	☐ Y	☐ N
A bully to other children?	☐ Y	☐ N
More comfortable with adults than their peers?	☐ Y	☐ N
More comfortable alone than with others?	☐ Y	☐ N
More comfortable playing with younger children?	☐ Y	☐ N
Well-mannered?	☐ Y	☐ N
Sometimes involved in fights?	☐ Y	☐ N
Socially awkward and uncomfortable around others?	☐ Y	☐ N
Overly sensitive to being criticized or rejected?	☐ Y	☐ N
Popular at school?	☐ Y	☐ N
Helpful to other people?	☐ Y	☐ N
Uncomfortable when meeting new people?	☐ Y	☐ N
Involved with other kids who often get in trouble?	☐ Y	☐ N
Involved with other kids who are in gangs?	☐ Y	☐ N
A leader when in a group of other children?	☐ Y	☐ N
Uncomfortable around boys?	☐ Y	☐ N
Uncomfortable around girls?	☐ Y	☐ N
More interested in things than people?	☐ Y	☐ N

VII. MEDICAL HISTORY

1. Has the child ever had a serious illness? ☐ Y ☐ N
   If yes, what?______________________________
2. Has the child ever had a serious injury? ☐ Y ☐ N
   If yes, what?______________________________
3. Has the child ever had a head injury? ☐ Y ☐ N
   If yes, describe______________________________
4. Has the child ever had an operation? ☐ Y ☐ N
   If yes, what?______________________________
5. Does the child wear glasses or contacts? ☐ Y ☐ N
   Date of last exam______________________________
6. Does the child have hearing problems? ☐ Y ☐ N
   Date of last exam______________________________
7. Does the child have problems in any of the following areas? (check all that apply)

☐ Vision	☐ Hearing	☐ Immune system
☐ Neurological	☐ Chronic pain	☐ Cardio-vascular
☐ Coordination	☐ Memory	☐ Breathing
☐ Weight	☐ Excessive fatigue	☐ Digestion
☐ Nail biting	☐ Speech defects	☐ Teeth grinding

8. Does/did the child have any of the following medical problems: (Circle)

☐ Headaches	☐ Seizures	☐ Frequent stomachaches
☐ Diabetes	☐ Infections	☐ History of high fevers
☐ Heart murmur	☐ Nausea	☐ Sinus condition
☐ Measles	☐ Rheumatic fever	☐ Meningitis
☐ Encephalitis	☐ Tuberculosis	☐ Whooping cough
☐ Broken bones	☐ Anemia	☐ Frequent colds
☐ Cancer	☐ Chronic cough	☐ High blood pressure
☐ Asthma	☐ Dizziness	☐ History of ear infections
☐ Nervous tics	☐ Stroke	☐ Skin problems
☐ Liver problems	☐ Kidney problems	

8. Does the child . . .

Like how his/her body looks?	☐ Y	☐ N
Ever diet?	☐ Y	☐ N
Use laxatives?	☐ Y	☐ N
Take diet pills?	☐ Y	☐ N
Restrict their eating?	☐ Y	☐ N
Go on eating binges?	☐ Y	☐ N
Exercise excessively?	☐ Y	☐ N

9. How would you rate the child in the following areas:

Overall health	☐ Poor	☐ Average	☐ Good
Quality of diet	☐ Poor	☐ Average	☐ Good
Sleep	☐ Poor	☐ Average	☐ Good
Exercise	☐ Poor	☐ Average	☐ Good

10. List any allergies the child has: ____

____

11. Is there a history of any of the following medical conditions in the child's biological family?

Cancer	☐ Y	☐ N	High blood pressure	☐ Y	☐ N
Cystic Fybrosis	☐ Y	☐ N	Kidney disease	☐ Y	☐ N
Diabetes	☐ Y	☐ N	Migraine headaches	☐ Y	☐ N
Heart disease	☐ Y	☐ N	Stroke	☐ Y	☐ N
Tuberculosis	☐ Y	☐ N	Alzheimer's disease	☐ Y	☐ N
Hemophilia	☐ Y	☐ N	Huntington's chorea	☐ Y	☐ N
Muscular dystrophy	☐ Y	☐ N	Parkinson's disease	☐ Y	☐ N
Sickle-Cell Anemia	☐ Y	☐ N	Tay-Sachs Disease	☐ Y	☐ N
Tourette's Syndrome	☐ Y	☐ N	Cerebral Palsy	☐ Y	☐ N
Multiple sclerosis	☐ Y	☐ N	Epilepsy	☐ Y	☐ N

12. List all medications the child is currently taking for any physical concerns:

____

____

13. Does the child . . .

Drink caffeine excessively?	☐ Y	☐ N
Smoke cigarettes?	☐ Y	☐ N
Drink alcohol?	☐ Y	☐ N
Smoke marijuana?	☐ Y	☐ N
Use other drugs?	☐ Y	☐ N
Use inhalants (paint, glue, etc.)?	☐ Y	☐ N
Cut or burn him/herself intentionally?	☐ Y	☐ N

VIII. PSYCHIATRIC HISTORY

1. Has anyone in your family ever . . .

Been treated in a psychiatric hospital?	☐ Y	☐ N
Committed suicide?	☐ Y	☐ N
Threatened to commit suicide?	☐ Y	☐ N
Had problems with alcohol?	☐ Y	☐ N
Had problems with drugs?	☐ Y	☐ N
Suffered from depression?	☐ Y	☐ N
Been diagnosed with bipolar disorder?	☐ Y	☐ N
Been diagnosed with schizophrenia?	☐ Y	☐ N
Seemed excessively anxious or worried?	☐ Y	☐ N
Suffered from a neurological disorder?	☐ Y	☐ N
Had problems with reading or spelling?	☐ Y	☐ N
Been diagnosed with a learning disability?	☐ Y	☐ N
Been diagnosed with ADHD?	☐ Y	☐ N
Been diagnosed with intellectual disability?	☐ Y	☐ N
Been diagnosed with autism spectrum disorder?	☐ Y	☐ N

2. Has the child ever been in psychotherapy or counseling before? ☐ Y ☐ N

If yes, please provide the following information regarding past therapy:

Name of therapist	Dates of therapy	Problem(s)

3. Has the child ever had a neurological examination? ☐ Y ☐ N

4. Has the child ever had a psychological evaluation? ☐ Y ☐ N

5. Please list any medications the child has taken for emotional or mental problems:

____

____

6. Is the child taking any of these medications now? ☐ Y ☐ N

7. Has the child ever been treated in a psychiatric hospital, group home, or residential treatment center? ☐ Y ☐ N

8. Has the child ever experienced an event you would call traumatic or life-threatening? ☐ Y ☐ N

   If so, please describe what happened: ____

____

____

9. Please check any problem areas you are concerned about with the child:

☐ No friends	☐ Depressed	☐ Anxious
☐ Setting fires	☐ Alcohol/drug abuse	☐ Aggressive behaviors
☐ Staring spells	☐ Overly dependent	☐ Eating problems
☐ Self-harm	☐ Not liked by peers	☐ Withdrawn
☐ Argues/defiant	☐ Sexual problems	☐ Stealing
☐ Prefers to be alone	☐ Tires easily	☐ Sleep problems
☐ Impulsive	☐ Suspicious	☐ Worries too much
☐ Soiling	☐ Strange behaviors	☐ Easily angered/irritable
☐ Hyperactive	☐ Bedwetting	☐ Acts immature
☐ Bad companions	☐ Lying	☐ Problems with friends
☐ Fighting	☐ Mood swings	☐ Strange ideas
☐ Lack of self-control	☐ Short attention span	☐ Hides feelings
☐ Animal cruelty	☐ Compulsive behaviors	☐ Runs away
☐ Shyness	☐ Eats inedible objects	☐ Won’t sleep alone
☐ Relationship with parent(s)	☐ Relationship with sibling(s)	☐ Daydreams too much

10. When angry, the child: ☐ Yells or throws things ☐ Destroys property
☐ Holds it in ☐ Hits/hurts others ☐ Expresses their feelings appropriately

11. Has the child ever been in trouble with the law? ☐ Y ☐ N

If so, what for:____

12. Please check any fears the child shows consistently:

☐ The dark	☐ Strangers	☐ Death
☐ Certain animals	☐ Crowded places	☐ Small, enclosed places
☐ Open spaces	☐ New situations	☐ Being alone
☐ Social situations	☐ Dating	☐ Separation from parent(s)
☐ Heights	☐ Blood/injury	☐ Going to doctors/dentists
☐ Air or car travel	☐ Public speaking	☐ Dirt/germs/illness
☐ Storms	☐ Water	☐ Costumed characters

IX. CURRENT FUNCTIONING

1. What are the child's main interests and hobbies?

____

2. In what areas does the child show talent?

____

3. What does the child most enjoy doing?

____

4. What does the child dislike doing the most?

____

5. What does the child feel most proud of?

____

6. What do you feel the child's strengths are?

____