

# Child History Form

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Client's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Gender assigned at birth: \_\_\_\_\_

Gender identity: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Who is filling out this form: \_\_\_\_\_ Relation: \_\_\_\_\_

What is the client's primary address?

\_\_\_\_\_ Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Parents divorced?

What age was child when parents separated or divorced? Please explain if necessary.

Who does the client live with?

_____ Name	_____ Relation	_____ Age	_____ Occupation
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_____ Name	_____ Relation	_____ Age	_____ Occupation
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_____ Name	_____ Relation	_____ Age	_____ Occupation
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_____ Name	_____ Relation	_____ Age	_____ Occupation
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_____ Name	_____ Relation	_____ Age	_____ Occupation
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_____ Name	_____ Relation	_____ Age	_____ Occupation
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_____ Name	_____ Relation	_____ Age	_____ Occupation
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**Current Medications:**

*Please include all medications, including multivitamins, supplements, melatonin, etc.*

1.	_____	_____	_____
	Name	Dosage	Frequency
2.	_____	_____	_____
	Name	Dosage	Frequency
3.	_____	_____	_____
	Name	Dosage	Frequency
4.	_____	_____	_____
	Name	Dosage	Frequency
5.	_____	_____	_____
	Name	Dosage	Frequency
6.	_____	_____	_____
	Name	Dosage	Frequency

**Name of pediatrician:** \_\_\_\_\_

**Discontinued Medications:**

1.	_____	_____	_____
	Name	Dosage	Frequency
	Reason for discontinuation: _____		
2.	_____	_____	_____
	Name	Dosage	Frequency
	Reason for discontinuation: _____		
3.	_____	_____	_____
	Name	Dosage	Frequency
	Reason for discontinuation: _____		
4.	_____	_____	_____
	Name	Dosage	Frequency
	Reason for discontinuation: _____		

**What school does the client currently attend?**

\_\_\_\_\_  
Name of school

\_\_\_\_\_  
City

\_\_\_\_\_  
State

**Grade in school?**

**Have they ever repeated a grade?**

**Do they receive special education? Do they have a 504 Plan or IEP? If so, for what condition or problem? Please send the office a copy of your child's most recent IEP and initial IEP if you have that available.**

**Are there any current issues reported at school?**

**Describe:**

**Are they meeting expectations at school in reading, writing, math and behavior?**

**Describe:**

**Describe the positive qualities of the client:**

**Describe their typical mood:**

**What primary concerns do you have about your child that caused you to seek out behavioral health services?**

**Has your child ever been evaluated for mental or behavioral health concerns, or developmental or learning issues? If so, when and by whom? What were the diagnoses made or recommendations given?**

**Do you have any concern about your child's social skills or social development?**

**Do you have concerns about your child's communication and conversation skills?**

**Is your child involved in extracurricular activities?**

**How is your child's sleep? What time do they fall asleep on most school nights? What time do they wake for school?**

**Are there any concerns with sleep?**

**Pregnancy length (full term, premature, number of weeks gestation):**

**Birth weight:**

**Child's place in birth order:**

**Were there any complications during pregnancy, labor or delivery?**

**Did child meet developmental milestones in speech and language on-time? Any history of speech therapy services? If so, please describe.**

**Did they meet developmental milestones in motor development on-time? Any history of occupational or physical therapy services? If so, please describe.**

**Describe client's medical history past or current (chronic ear infections, tubes, broken bones, allergies, asthma, etc.):**

**Describe child's family medical/psychological history. Does anyone in child's family (parents, siblings, grandparents, 1<sup>st</sup> cousins, aunts/uncles) have a history of ADHD, Autism, OCD, dyslexia or learning problems, Bipolar, disruptive behavior, severe depression or anxiety?:**

**Does your child have problems with the following? Please check issues that are problems for your child and occur often.**

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- Often has trouble holding attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
- Often has trouble organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted
- Is often forgetful in daily activities. Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Is often “on the go” acting as if “driven by a motor”.
- Often talks excessively.
- Often blurts out an answer before a question has been completed.
- Often has trouble waiting his/her turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or games)

**Does your child experience problems with the following? (please check)**

- Anxiety in social situations
- Depressed mood
- Frequent irritable mood
- Frequent aches and pains, complaints of headaches or stomach aches
- Repetitive behaviors
- Problems with transitioning and preference for sameness
- Very rigid thinking or difficulty seeing the view point of others
- Problems with empathy
- Problems with emotional expression
- Restricted range of interests
- Intense interest in something(s) that seems unusual in its intensity
- Difficulty making friends, or keeping friends with other kids their age
- Difficulty having a conversation with other kids their age
- Difficulty with eye contact
- Skin picking or hair pulling
- Often defiant
- Often argues with adults
- Often deliberately annoys others
- Often seems angry
- Physically hurts others (parents, siblings, others)
- Destroys property
- Threatens suicide
- Breaks rules often, or breaks the law, or runs away
- Has problems with restricted eating, purging, or body image
- Engages in cutting or other forms of self-harm
- Bedwetting or other issue with toileting

**Other Comments:**