

CLIENT INFORMATION AND HISTORY (Child/Adolescent)

Please provide the following confidential information requested below which will not be released without client written permission. (You may use the back side of this page to write down information in any category. Just note the category & the information with it).

Personal & Family Information:

Name: _____ Age: _____ DOB ____/____/____

Child's Placement (with whom does the child live?): Both Biological Parents Biological Mother Biological Father

Step Parent Adoptive Parent Foster/Kinship Care Shelter Other (Specify)

Who has legal custody of the child? _____

Mother's Name: _____ Age: _____ Health: Good Fair Poor Deceased Residence: _____

Father's Name: _____ Age: _____ Health: Good Fair Poor Deceased Residence: _____

Are the parents: Married Divorced Separated Widowed

Stepfather? Y N Stepmother? Y N How long have they been married _____ yrs. Does child get along well? Y N

No. of Brothers _____ Ages: _____ Residence: _____

No. of Sisters _____ Ages: _____ Residence: _____

List other persons closely involved with your child, but not living in the home, and describe their roles: _____

Is there a family history of suicide mental health problems domestic violence child abuse sexual abuse

Has any family member suffered from depression anxiety alcohol abuse drug abuse emotional abuse

If so, Who, what specifically was the problem? _____ How long ago was it? _____

Has anyone in your family ever received Psychiatric Treatment/ Counseling? Y N if so, please describe who/what/when? _____

Developmental History

Describe your child as an infant/toddler (list any complications at birth, delays in development, general difficulties, signs of excessive worry, fears): _____

Describe any serious life stresses your child has experienced (such as placement away from home, physical or sexual abuse, neglect, domestic violence, divorce, other stressful or frightening events): _____

What is your family's religious background? _____ When did you last attend? _____

Do you practice regularly? Y N Do you feel religion is a support to you enough? Y N Do you pray? Y N

Educational History

What grade are you in? _____ What type of school do you attend? Public school Y N Homeschool? Y N Private school? Y N Montessori School? Y N Other _____

Have you ever changed schools? Y N If so, what type of school did you previously attend? _____

Describe concerns raised by daycare/school about your child (behavioral, peer, academic): _____

Medical History

List hospitalizations, serious health issues/allergies, any ongoing medications your child is taking: _____

Ever had a head injury? Y N When?: _____ How Severe? Mild Moderate Mild Severe

Date of last physical: _____ By Whom: _____

Have you ever taken any medication for Depression? Y N

Have you ever taken any medication for Anxiety? Y N

Have you ever taken any medication for ADHD? Y N

Any other psychotropic medication Y N

Is there a history of thyroid problems in your family? Y N

Counseling History

Describe prior assessment/therapy your child received (name of professional, dates, diagnosis, nature of interventions). Describe what you found least/most helpful about prior therapy: _____