

**CHILD/ADOLESCENT DEVELOPMENTAL HISTORY**  
**DEMOGRAPHIC INFORMATION**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                    First                    M.I.                    Last

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:   Male           Female

Who has legal custody of this child? \_\_\_\_\_

Who referred you to our practice? \_\_\_\_\_

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

May we contact them to coordinate care? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**FAMILY/SOCIAL HISTORY**

Mothers/Guardians Name: \_\_\_\_\_  
  First  Last  Maiden

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Fathers/Guardians Name: \_\_\_\_\_  
  First  Last

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Are the child's parents:   Single   Married   Divorced   Separated   Partnered   Widowed

Who lives in the home?	<u>Name</u>	<u>Age</u>	<u>Relationship</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**CHILD/ADOLESCENT DEVELOPMENTAL HISTORY**  
**EDUCATIONAL/VOCATIONAL HISTORY**

School: \_\_\_\_\_ Grade Level \_\_\_\_\_

Does the child attend special education classes?      Yes      No

If yes, please list \_\_\_\_\_

Does the child have any behavior issues at school? Describe. \_\_\_\_\_

Does the child have academic problems? Describe. \_\_\_\_\_

**PRESENTING PROBLEM**

Why are you seeking counseling at this time?

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Please list any prior mental health or substance abuse treatments:

Date	Reason for Treatment	Facility or Therapist	Inpatient or Outpatient

Please list any medications prescribed currently or in the past for any mental health problems:

Date	Name of Medication	Dosage	Date of Last Dosage

**MEDICAL HISTORY**

Date of last physical exam: \_\_\_\_\_

Do any biological relatives have any mental health conditions?      Yes      No

If yes, please list conditions: \_\_\_\_\_

Has the child ever been hospitalized for a medical condition?      Yes      No

## CHILD/ADOLESCENT DEVELOPMENTAL HISTORY

Year	Hospital	Reason for Hospitalization	Outcome

Does the child **currently** take any medications for a medical condition?                      Yes                      No

Medication Name	Purpose of Medication

Does the child have any medical conditions not mentioned above? \_\_\_\_\_  
 \_\_\_\_\_

Allergies: Does the child have any allergies (drug/food/seasonal)?  
 \_\_\_\_\_  
 \_\_\_\_\_

## DEVELOPMENTAL HISTORY

Pregnancy:      Full Term                      Premature                      Other \_\_\_\_\_

Any complications:              Yes                      No                      Unknown

If yes, please describe: \_\_\_\_\_

Was the child's speech development within normal limits?                      Yes                      No                      Unknown

Was the child's motor development within normal limits?                      Yes                      No                      Unknown

**Part I: Please answer the following questions by circling Yes or No.**

- Has the child ever been physically hurt or threatened? ..... Yes      No  
 Has the child ever been sexually abused? ..... Yes      No  
 Does the family currently have guns in the home? ..... Yes      No

**Part II: Does the child often exhibit any of the following behaviors or feelings?**

- Does not seem to listen ..... Yes      No  
 Has difficulty keeping self organized ..... Yes      No  
 Forgetfulness ..... Yes      No  
 Loses things ..... Yes      No  
 Is easily distracted ..... Yes      No  
 Has trouble with attention to details ..... Yes      No  
 Has trouble with sustained attention ..... Yes      No  
 Avoids tasks that require mental effort ..... Yes      No  
 Fails to finish tasks or projects ..... Yes      No

**CHILD/ADOLESCENT DEVELOPMENTAL HISTORY**

Is fidgety / restless .....	Yes	No
Talks excessively .....	Yes	No
Leaves seat when remaining seated is expected .....	Yes	No
Runs around or climbs excessively .....	Yes	No
Has problems playing quietly .....	Yes	No
Interrupts or intrudes on others .....	Yes	No
In school, often blurts out answers without being called on .....	Yes	No
Difficulty waiting turn .....	Yes	No
Frequently seems angry or has a bad attitude .....	Yes	No
Frequently argues with ( <i>circle all that apply</i> ) parents, siblings, peers, or teachers .....	Yes	No
Takes things that do not belong to him / her .....	Yes	No
Often physically fights with ( <i>circle all that apply</i> ) parents, siblings, peers, or teachers	Yes	No
Has been cruel to pets and/or other animals .....	Yes	No
Has run away from home .....	Yes	No
Often skips school .....	Yes	No
Has destroyed property .....	Yes	No
Has set fires .....	Yes	No
Do you feel your child is depressed? .....	Yes	No
Has difficulty falling asleep or staying asleep .....	Yes	No
Eating habits have changed ( <i>circle which applies</i> ) decreased appetite/increased appetite .....	Yes	No
Talked about wanting to hurt themselves .....	Yes	No
Has attempted suicide .....	Yes	No
Has ever had a time, a week or longer, when (s)he was feeling so good, high, excited or hyper that (s)he got into trouble? .....	Yes	No
Experiences significant and persistent worry that is difficult to control .....	Yes	No
Frequently experiences intrusive unwanted thoughts .....	Yes	No
Exhibits repetitive behaviors or mental acts in an attempt to reduce anxiety ( <i>circle all that apply</i> ) hand washing, counting, cleaning, checking, .....	Yes	No

**Part III:**

Has your child been involved with the police or juvenile court for any reason?                      Yes                      No  
Explain: \_\_\_\_\_  
\_\_\_\_\_

Do you suspect your child is using drugs or alcohol?    Yes                      No                      Explain: \_\_\_\_\_  
\_\_\_\_\_

Please describe any unusual family events or crisis that has taken place in the past year. \_\_\_\_\_  
\_\_\_\_\_

In what areas do you and your spouse differ where raising children is concerned? \_\_\_\_\_  
\_\_\_\_\_

Briefly describe any other current marital difficulties. \_\_\_\_\_  
\_\_\_\_\_

Parent or Legal Guardian Signature

Date