Name_____ Chart #_____

# COUNSELING CONNECTIONS, LLC

1326 West 9th Street
Owensboro, KY 42301-2028
Call (270) 240-1076 Fax (270) 906-1150

Chart: _____

Dx Code: _____

## BACKGROUND INFORMATION (CHILD/ADOLESCENT)
## (To be completed by parent or guardian)

*Please complete and bring with you to your first session. If you need help answering the questions or completing the form, we will assist you during your first appointment. Use a separate sheet if additional space is needed. This information will be kept confidential and help us gain a better understanding of your situation. If any question is not applicable, leave blank. Use additional paper if you need more room.*

Today's Date: _____ Person completing form: _____
Please provide the following information about your child/teen:
Child's/teen's full name: _____ Birth date: _____ Age: _____
Preferred nickname: _____
Parent/Guardian Names: _____ _____
Lives with: ☐both parents ☐mother ☐father ☐other relative _____ ☐other _____
Check if applicable:
☐ adopted ☐in foster care ☐parents share joint custody ☐parents do not share custody ☐Other_____
☐custody issues, describe: _____
Who suggested counseling: ☐Parent/guardian ☐Other family member ☐Doctor ☐DCBS case worker ☐Court
☐Other _____

**CONCERNS** What concerns you about your child/teen? How long has this been going on? Has anything changed recently in your child's/teen's life? Briefly describe why you are bringing your child/teen to counseling:

_____
_____
_____
_____
_____
_____

Please read the following list of behaviors and rate your child/teen on each behavior. Indicate how often your child/teen displays that behavior by circling the number which best describes the frequency of each behavior. Use the following scale:

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| never | rarely | occasionally | frequently | almost always |

| | GROUP A | | GROUP B |
|---|---|---|---|
| 1 2 3 4 5 | Has trouble sleeping | 1 2 3 4 5 | Complains of headaches or stomachaches |
| 1 2 3 4 5 | Has poor appetite | 1 2 3 4 5 | Worries |
| 1 2 3 4 5 | Seems sad or unhappy | 1 2 3 4 5 | Lacks confidence in their abilities |
| 1 2 3 4 5 | Talks about feeling stupid or worthless | 1 2 3 4 5 | Needs lots of reassurance |
| 1 2 3 4 5 | Loses interest in having fun | 1 2 3 4 5 | Needs to be perfect |
| 1 2 3 4 5 | Seems irritable | 1 2 3 4 5 | Seems fearful and anxious |
| 1 2 3 4 5 | Moody | 1 2 3 4 5 | Seems shy or timid |
| 1 2 3 4 5 | Plays alone | 1 2 3 4 5 | Easily embarrassed |
| 1 2 3 4 5 | Cries Easily | 1 2 3 4 5 | Sensitive to criticism |
| 1 2 3 4 5 | Seems tired | 1 2 3 4 5 | Bites fingernails |

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| never | rarely | occasionally | frequently | almost always |

| | GROUP C | | GROUP D |
|---|---|---|---|
| 1 2 3 4 5 | Always on the go | 1 2 3 4 5 | Refuses to follow rules or do chores |
| 1 2 3 4 5 | Can't sit still | 1 2 3 4 5 | Loses temper |
| 1 2 3 4 5 | Doesn't seem to listen | 1 2 3 4 5 | Argues with parents or teachers |
| 1 2 3 4 5 | Often fails to finish things | 1 2 3 4 5 | Blames others for their own 'mistakes' |
| 1 2 3 4 5 | Has poor concentration and attention when it comes to school work | 1 2 3 4 5 | Swears |
| 1 2 3 4 5 | Often fidgets with hand/feet or squirms in seat | 1 2 3 4 5 | Deliberately does things to annoy other people |
| 1 2 3 4 5 | Easily distracted | 1 2 3 4 5 | Is angry or resentful |
| 1 2 3 4 5 | Has a hard time playing quietly | 1 2 3 4 5 | Carries a grudge |
| 1 2 3 4 5 | Talks excessively | 1 2 3 4 5 | Seems to have a chip on their shoulder |
| 1 2 3 4 5 | Often interrupts or 'butts in' to others' games | 1 2 3 4 5 | Touchy, easily annoyed by others |
| 1 2 3 4 5 | Seems disorganized, loses things needed for school | | |
| 1 2 3 4 5 | Takes risks without considering the danger involved. (e.g., running into the street without looking) | | |
| 1 2 3 4 5 | Blurts out answers to questions before they have been completed. | | |
| | GROUP E | | |
| 1 2 3 4 5 | Steals | 1 2 3 4 5 | Gets into fights |
| 1 2 3 4 5 | Runs away overnight | 1 2 3 4 5 | Has been physically cruel to other people |
| 1 2 3 4 5 | Lies | 1 2 3 4 5 | Doesn't seem sorry for hurting others |
| 1 2 3 4 5 | Cuts school | 1 2 3 4 5 | Sets fires |
| 1 2 3 4 5 | Is cruel to animals | 1 2 3 4 5 | Has broken into someone else's house or car |
| 1 2 3 4 5 | Destroys property | | |

What would you like your child/teen to do more of? _____

_____

What would you like your child/teen to do less of? _____

_____

**MENTAL HEALTH/MEDICAL HISTORY**

Does your child/teen currently have any physical medical conditions, issues? ☐No ☐Yes, describe: _____

_____

Has your child/teen ever seen a therapist, mental health counselor/therapist, or psychiatrist before? Ever hospitalized for behavior problems or a mental health issue? ☐No ☐Yes. When, where, for how long: _____

_____

_____

Does your child/teen take any prescription medicine or other medicine/supplements on a daily basis? ☐No ☐Yes, what (dosages not needed): _____

_____

Pregnancy issues: ☐Normal/vaginal ☐Planned C-Section ☐Complications: _____

_____

Infancy: WNL Problems:_____

_____

**FAMILY HISTORY**

**Name**_____ **Chart #**_____

| Currently lives with, age: | Relationship | Other important people in child's/teen's life | Relationship |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please describe the family/living situation: _____
_____
_____
_____

Please describe relationship between parents. _____
_____
_____
_____

Any family history of mental illness or behavior problems? (Include suicide attempts, anger issues, ADHD, psychiatric hospitalizations.)_____
_____

Any family stressors? Include things like DCBS involvement, unemployment, illness, incarceration, parent in military, parent or sibling substance abuse, custody issues, etc. _____
_____
_____

Relationship with father: ☐Good ☐Strained ☐No contact ☐Other. Explain: _____
_____

Relationship with mother: ☐Good ☐Strained ☐No contact ☐Other. Explain: _____
_____

Relationship with others: ☐Good ☐Strained ☐No contact ☐Other. Explain: _____
_____

**TRAUMA HISTORY** To your knowledge, has your child/teen <u>experienced or witnessed</u> any of the following:
☐physical abuse ☐sexual abuse, molestation ☐domestic violence ☐emotional abuse/injury (hurtful name calling, being threatened or bullied, etc.) ☐other potentially life threatening event
Explain: _____
_____
_____
_____

**SUBSTANCE ABUSE** Do you suspect your child/teen is abusing or has experimented with any of the following: ☐alcohol/beer ☐marijuana ☐pills ☐huffing ☐"K-2," "Bath Saltz" or other synthetic substance ☐Meth/Cocaine ☐Other _____

Has your child been around others who abuse alcohol or drugs? ☐No ☐Yes; relationship to child and what substance/s?
_____
_____

**LEGAL**

**Name**_____ **Chart #**_____

Is your child/teen involved with the court system or have a CDW? ☐No ☐Yes; when? _____
Name of current CDW/probation officer: _____Contact number: _____
Describe legal issues? _____
_____
_____

**SCHOOL**

Where does your child/teen go to school? _____ What grade level? _____
Describe academic performance, any learning problems, behavioral problems in school.
_____
_____
_____

**OTHER**

Does your child/teen or family identify themselves with a religious group or practice some form of spirituality? Please describe, include name of church if applicable, and quality of involvement. _____
_____
_____

What do you like best about your child? What are his/her strengths? _____
_____

Favorite activities, hobbies, interests? _____
_____

Prefers ☐to spend time with other people/friends ☐solitary activities
Most of my child's/teen's friends are ☐the same age. ☐several years older or younger.

Add anything else you think would be good for the counselor to know about your child/teen?
_____
_____
_____

For Office Use Only

Diagnosis (include V/Z codes):

| Order | Code | Name |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

Assessments: (GAF) _____ (GARF) _____ (WHODAS) _____

Plan: