

Child Information Form

Child's Information

Name _____ M/F _____ Age _____

Date of Birth _____ School _____ Grade _____

City/State _____ Teacher _____

Guardian's Information

Name _____

M/F _____ Age _____ Date of Birth _____

Street Address _____

City/State/Zip _____ Phone _____

Married Living Together Widowed Separated Divorced

Date of Separation/Divorce _____

Divorce Arrangement: Legal Custody Joint Sole None

Physical Custody

Name _____

M/F _____ Age _____ Date of Birth _____

Street Address _____

City/State/Zip _____ Phone _____

Married Living Together Widowed Separated Divorced

Other People in Child's Home(s)

Name _____ M / F _____ Age _____

Name _____ M / F _____ Age _____

Name _____ M / F _____ Age _____

Name _____ M / F _____ Age _____

Child Care Providers (if applicable)

Name _____ M / F _____ Age _____

Name _____ M / F _____ Age _____

Major Concerns

Please describe, in your own words, your concerns about your child and the reasons that you are seeking help

When were these difficulties first noticed? Please explain as fully as possible _____

Previous Professional Assistance with these issues:

Agency/Professional _____ Dates _____

Agency/Professional _____ Dates _____

What matters most to your child? _____

Describe your child's strengths _____

Special concerns

Please check any past or present concerns about your child:

- Activity level
- Alcohol/drugs
- Anxiety
- Coordination
- Destructiveness
- Eating
- Fears
- Fire setting
- Lying
- Peer relationships
- Play behavior
- Response to discipline
- Sexual activity
- Stealing
- Temper tantrums
- Thumb sucking
- Tics
- Truancy

Other _____

Please elaborate on any concerns that you have about any of the difficulties listed _____

Describe any known neglect or abuse (physically or sexually) your child has experienced _____

Medical history

Please describe your child's general health _____

Please list any medication that your child currently takes and what it is for (where applicable give the name of the prescribing physician) _____

Please describe any serious illnesses, accidents, injuries (with approximate dates) _____

Please describe any conditions that require regular medical care _____

Have any of your child's blood relatives or caretakers struggled with any of the following:

- ADHD - Relationship _____
- Alcohol/drugs - Relationship _____
- Anxiety - Relationship _____
- Depression - Relationship _____
- Learning disabilities - Relationship _____
- OCD tendencies - Relationship _____
- Rage - Relationship _____
- Suicide - Relationship _____

Childhood History

Was your child planned/wanted? Please explain _____

Pregnancy and birth history (please include any trauma, medication by mother, unusual emotional strain, alcohol/drug use, complications, etc.) _____

- Anesthesia
- Blue baby
- Breech
- Caesarean
- Early
- Epidural
- Forceps
- Induced labor
- Late
- Premature

Other medication _____

Other complications _____

Postnatal History (Describe the time immediately following birth: feeding, incubation, injury, illness, etc.)

How would you describe your child's first year? _____

How did your child sleep during the first year? _____

Eating habits during the first year? _____

Did your child cry frequently during the first year? _____

Was your child easily soothed? _____

Medical issues during the first year? _____

Describe the environment and the level of stress during your child's first year _____

Please describe your child's academic strengths _____

Does your child prefer the company of adults to other children? Yes No

Does your child have at least one best friend? Yes No Friend's age? _____

How do schoolteachers and non-family members describe your child? _____

Family/Relationship History

Please check any current struggles in the family:

- Death of family member/pet
- Differences in child rearing
- Drinking/drug abuse
- Marital problems
- Mental health
- Physical health of family member(s)
- Prolonged absence
- Separation or divorce

Other _____

Please elaborate on any concerns that you have about any of the difficulties listed _____

Briefly describe this child's behavior at home _____

How does this child get along with siblings? _____

Describe any special activities that the family does together _____

Guardian Social History (Description of significant life events in guardian's family or origin such as discipline style, history of drug/alcohol use, employment history, legal involvement, education, moves, abuse, etc.)

Goal(s) for child's therapy and/or family change _____

Signature(s) of guardian(s) who completed this form:

Print name _____ Signature _____ Date _____

Print name _____ Signature _____ Date _____