

Family Information

Child Client Name: _____ **Age:** _____ **M/F**
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **School:** _____ **Grade:** _____
Medications: _____
Allergies: _____

Family Structure

Are mother and father: ☐ Married ☐ Separated ☐ Divorced

If divorced, what are the custody/visitation arrangements? _____

Is there an Order of Protection? ☐ Yes ☐ No **Against whom?** _____

Other adults living in the primary home (i.e. grandparent, housekeeper, nanny): _____

Father's Name: _____ **Age:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Cell Phone:** _____
What does child call father: _____ **Occupation:** _____
Medications: _____

Mother's Name: _____ **Age:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Cell Phone:** _____
What does child call mother: _____ **Occupation:** _____
Medications: _____

Step Parent [If Applicable]: _____ **Age:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Cell Phone:** _____
What does child call step-parent: _____ **Occupation:** _____
Medications: _____

1. **Sibling Name:** _____ **Age:** _____ **M/F**
School: _____ **Grade:** _____
2. **Sibling Name:** _____ **Age:** _____ **M/F**
School: _____ **Grade:** _____
3. **Sibling Name:** _____ **Age:** _____ **M/F**
School: _____ **Grade:** _____

Emergency Contact: _____ **Phone #:** _____

Primary Care Physician: _____ **Phone #:** _____

Address: _____

Child and Family History

Form Completed By: ☐ Parent ☐ Foster Parent ☐ Gaurdian ☐ Other: _____

Referred By: ☐ Parent/Gaurdian ☐ Pediatrician ☐ School ☐ EAP ☐ CPS

☐ ACCESS ☐ Social Services ☐ Court Order ☐ Other: _____

Primary Reason you are concerned about your child:

Forms of discipline used in the home:

- ☐ Time Out ☐ Loss of Privileges ☐ Grounding
☐ Extra Schores ☐ Rewards/Incentives ☐ Physical/Corporal Punishment
☐ Other: _____

Relationship Development – Check each item that describes your child:

	Current	Past
Prefers to be alone		
Is alone a lot, but dislikes this and feels lonely		
Is shy		
Has few friends		
Has many friends		
Is picked on a lot		
Is oversensitive		
Plays with younger kids		
Plays with older kids		
Plays with problem kids		
Poor relationships with teachers		
Fights with others		
Is demanding and bossy		
Bullies others		
Teases a lot		
Poor relationship with peers		
Conflict with parents/step-parents		
Has difficulty getting along with brothers and sisters		

Symptom/Problem Checklist

A. ☐ Sleep problems

- ☐ Lack of interest in activities
- ☐ Unassertive
- ☐ Fatigue/low energy
- ☐ Concentration problems
- ☐ Appetite/weight changes
- ☐ Cries easily
- ☐ Changed level of activity
- ☐ Withdrawal
- ☐ Mood swings
- ☐ Depression
- ☐ Morbid thoughts
- ☐ Suicidal thoughts or threats
- ☐ Suicidal plans/attempts

B. ☐ Forgetful/memory problems

- ☐ Short attention span
- ☐ Easily distracted
- ☐ Can't sit still
- ☐ Talks excessively/interrupts
- ☐ Difficulty following rules
- ☐ Problem completing schoolwork
- ☐ Impulsive
- ☐ Irritable
- ☐ Aggressive behavior
- ☐ Not interested in peers
- ☐ Picked on/bullied by peers

C. ☐ Excessive worry/fearfulness

- ☐ Anxiety or panic attacks
- ☐ Social fears/shyness
- ☐ Separation problems
- ☐ Bedwetting/soiling
- ☐ Headaches/stomach aches
- ☐ Odd beliefs/fantasizing
- ☐ Nightmares
- ☐ Frequent tantrums
- ☐ Resistant to change
- ☐ School refusal
- ☐ Perfectionism
- ☐ Odd hand/motor movements
- ☐ Hallucinations

D. ☐ Running away

- ☐ Truancy/skipping school
- ☐ Lying
- ☐ Swears
- ☐ Blames others for mistakes
- ☐ Argumentative/defiant
- ☐ Short tempered
- ☐ Easily annoyed/annoys others
- ☐ Discipline problem
- ☐ Angry and resentful
- ☐ Trouble with the law
- ☐ Hurting others/fighting
- ☐ Acts as if has no fear
- ☐ Being destructive
- ☐ Stealing
- ☐ Fire setting
- ☐ Alcohol/drug use
- ☐ Hurting others sexually

Indicate if any family members or relatives have the following:

	Mother		Father		Brother		Sister		Other	
Problem:	Now	Past	Now	Past	Now	Past	Now	Past	Now	Past
Problems with attention, activity or impulse control as a child										
Learning disabilities										
Did not graduate from high school										
Alcohol abuse										
Drug abuse										
Problems with aggressive behavior as adult or child										
Antisocial behavior (arrests, jail, legal problems, probation, other)										
Abuse victim										
Abusive to others										
Depression										
Nervous disorders										
Mental retardation										
Serious illness or surgeries										
Physical handicaps										
Tics or unusual movements										
Other mental problems										

Family Stresses – Check all that apply:

	Current	Past
Marital problems		
Marital separation		
Divorce		
Custody disputes		
Financial problems		
Job loss		
Parents using alcohol/drugs		
Housing problems		
Legal issues		
Death of a friend		
Death of a relative		
Death of a pet		
Family illness		
Other stressors		

If other stressors, please describe: _____

What are your family supports (church, friends, clubs, etc.) _____

What are your family strengths? _____

Describe your child's strengths and unique abilities: _____

Additional comments: _____

Is your child currently under the care of a physician or psychiatrist? ☐ Yes ☐ No

If YES, Doctor's Name: _____ Phone #: _____

Treatment For: _____

Is your child currently taking any medications? ☐ Yes ☐ No

If YES, include the following information:

Name of Medication	Dosage	Prescribed By

Does this child have a history of abuse [Physical, Sexual, Emotional, Neglect]?

☐ Yes

☐ No

If YES, please describe briefly:

	1	2	3
Date			
Location			
Perpetrator[s]			
Type of Abuse			
Impact on Child/Family			

Is there any legal action pending?

☐ Yes

☐ No

If YES, describe briefly: _____

Is there any other legal action that may have impacted your child? Please check all that apply:

	Custody	Adoption	Probation	Visitation	Child Protective Services	Other
Current						
Past						

If yes, describe briefly: _____

School History

Present School: _____ Teacher: _____ Grade: _____

School Phone Number: _____

Has child ever repeated any grade? _____

Is child in special education services? ☐ Yes, what kind? _____

☐ No

Does your child receive any extra help at school?

☐ Yes, what kind? _____

☐ No

Please describe academic or other problems your child has had in school:

How long has your child had these problems, symptoms and/or issues?

Has your child had treatment for these issues in the past? ☐ Yes ☐ No

If YES, was the outcome helpful? ☐ Yes ☐ No

Has your child had inpatient mental health treatment? ☐ Yes ☐ No

Describe treatment including dates, name of facility/therapist, presenting issues & outcome:

Describe any other behavioral or emotional problems your child is having:

Describe the impact of your child's problems on the family:

School – Check any area of concern:

	Current	Past
Dislikes school		
Missed many school days		
Repeated a grade		
Learning problems		
Works hard but does not do well		
Unmotivated, refuses to complete work		
Discipline referrals, detentions		
Suspensions [how many? _____]		
Expulsions [how many? _____]		

If your child has been suspended or expelled, please explain:

Educational information

Previous Therapy Provider Information, please attach most recent evaluations:

Behavioral Provider Name: _____

Contact Name: _____ Phone Number: _____

Dates of Service: _____

Please state the therapy outcomes: _____

Speech Therapy Provider Name: _____

Contact Name: _____ Phone Number: _____

Dates of Service: _____

Please state the therapy outcomes: _____

Occupational Therapy Provider Name: _____

Contact Name: _____ Phone Number: _____

Dates of Service: _____

Please state the therapy outcomes: _____

Other Provider Name: _____

Contact Name: _____ Phone Number: _____

Dates of Service: _____

Please state the therapy outcomes: _____

Please list any other information that may be helpful while assessing and/or conducting therapy with your child: _____
