

CHILD AND ADOLESCENT HISTORY

Name _____ Date of Birth _____ Age _____ Date _____

Parent(s) _____ Custody _____

Physician _____ Referral Source _____

School _____ Grade _____ Teacher _____

I. PRESENTING PROBLEM(S)

What is currently concerning you about your child or family? _____

When did the problem(s) start? _____

What incidents led you to come here? _____

What changes in your family have you noticed since this problem began? _____

What would you like to change? _____

Do both parents see the problem the same way? _____

Does the child agree that there is a problem? _____

What major changes have occurred in your family over the past few years (moves, changes in income or employment, changes in family composition)? _____

Have you sought treatment before? Yes _____ No _____

If so, list the therapists and dates of therapy in chronological order. Include any psychological and/or educational reports.

<u>Name of Therapist or Examiner</u>	<u>Therapy or Testing?</u>	<u>Dates Seen</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. FAMILY INFORMATION
MOTHER

Name _____ Age _____

Occupation _____ Religion _____

Describe the relationship between the mother and child/adolescent. _____

How does mother discipline the child/adolescent? _____

FATHER

Name _____ Age _____

Occupation _____ Religion _____

Describe the relationship between the father and the child/adolescent. _____

How does father discipline the child/adolescent? _____

Describe child/adolescent's relationship with siblings. _____

Describe child/adolescent's relationship with peers. _____

If either parent lives outside the home, what is the frequency of contact with this parent?

Below are twelve problems that sometimes run in families. We are interested in whether anyone in the family *other than this child* has or has had any of these. Please put an X in the column of the family member(s) who have or have had each problem.

FAMILY HISTORY	<i>Child's Mother</i>	<i>Child's Father</i>	<i>Child's Brother(s)</i>	<i>Child's Sister(s)</i>	<i>Others (specify)</i>
Inattentive/Distractible					
Impulsive/Hyperactive					
Trouble learning to read					
Trouble with arithmetic					
Trouble with writing					
Kept back in school					
Speech problems					
Behavior problems in childhood					
In trouble as a teenager					
Depression					
Other mental illness					
Drinking problem or drug abuse					
Health Problems (please specify)					

III. DEVELOPMENTAL HISTORY

Any complications during pregnancy/delivery? Describe: _____

Birth Weight: _____

Natural or adopted? _____

Walked at: _____ months Talked at: _____ months

Has child/adolescent ever received speech therapy? _____

Dates: _____

Describe child/adolescent's history of toilet training. _____

List any childhood diseases, serious illnesses, or health problems the child/adolescent has had.

Any present health problems? _____

When was the last time the child/adolescent had a complete physical exam? _____

Results? _____

Eye Exam _____

Hearing Exam _____

What medications is the child/adolescent presently taking and why? _____

Have parents, siblings, or this child/adolescent ever taken medication for psychological reasons?

Yes _____ No _____ Name: _____

Name of family member _____

Name of Doctor _____

What medicine? _____ How long? _____

IV. MEDICAL HISTORY

<i>AREA</i>	<i>YES</i>	<i>NO</i>	<i>COMMENTS</i>
Ear infections			
Tubes in ears			
Concussion			
Head trauma			
Seizures			
Hearing difficulties			
Vision problems			
Eating problems			
Bedwetting			
Daytime Wetting			
Constipation			
Soiling pants			
Speech difficulties			
Chronic illness/complaints			
Stomach problems			
Allergies			
Surgery			
Broken bones			
Sleep difficulties			
Nightmares			
Significant accidents			
Hospitalizations			
History of sexual or physical abuse			
History of verbal abuse			
Smoking			
Other			

V. EDUCATIONAL HISTORY

List schools from pre-school to current placement.

<u>School</u>	<u>Grade(s) Attended</u>	<u>Conduct/Grades</u>

Any evidence of learning disabilities? _____

Any evidence of attentional problems (with/without hyperactivity)? _____

How would current teacher(s) describe your child? _____

What are your child/adolescent's leisure interests? _____

VI. RELIGIOUS HISTORY

In what religion is the child being raised?

Protestant _____ Catholic _____ Jewish _____ Other _____

Does he/she receive religious instruction?

Yes _____ No _____ If so, where? _____

Do you and/or your spouse regularly attend religious services?

Yes _____ No _____ If so, where? _____

VII. OTHER INFORMATION

Describe several of your child/adolescent's strengths:

1. _____
2. _____
3. _____

Please add anything you feel might help in understanding your child/adolescents' problem. Use the back if necessary.