Child's Information

Name _____ m / f Age _____ Date of Birth _____
School _____ City _____ Grade _____ Teacher_____

Guardian Information
Name _____ m / f Age _____ Date of Birth _____
Address _____ City _____ State _____ Zip_____
Phone _____ Email_____

Name _____ m / f Age _____ Date of Birth _____
Address _____ City _____ State _____ Zip_____
Phone _____ Email _____

☐ Married ☐ Living Together ☐ Widowed ☐ Separated ☐ Divorced Date of Separation/ Divorce_____
Divorce Arrangement: **Legal Custody** ☐ Joint ☐ Sole ☐ None
Physical Custody_____

Other People in Child's Home(s)
Name _____ m / f Age _____ Relationship _____
Name _____ m / f Age _____ Relationship _____
Name _____ m / f Age _____ Relationship _____
Name _____ m / f Age _____ Relationship _____

Child Care Providers (if applicable)
Name _____ m / f Age _____ Relationship _____
Name _____ m / f Age _____ Relationship _____

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

When were these concerns first noticed? Please explain as in as much detail as possible._____

Major Strengths

Child's Information

Describe your child's strengths _____

What is most important to your child? _____

Daily Living

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 _____

School Environment

Please describe your child's academic strengths _____

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

Childhood History

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

☐ Early ☐ Premature ☐ Late ☐ Caesarean ☐ Induced labor ☐ Forceps ☐ Breech ☐ Epidural
☐ Anesthesia ☐ Blue Baby ☐ Other Medication ☐ Other complications _____

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

Describe your child's personality the first year of life? _____

Was your child planned/wanted? Please explain _____

Child's Information

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, or injuries_____

_____

_____

Please describe any conditions that require regular medical care_____

_____

_____

Special Concerns

Please check any past or present concerns about your child:

☐ Fears	☐ Destructiveness	☐ Eating	☐ Activity level	☐ Anxiety
☐ Coordination	☐ Temper tantrums	☐ Sexual activity	☐ Lying	☐ Truancy
☐ Stealing	☐ Response to discipline	☐ Fire Setting	☐ Peer Relationships	☐ Tics
☐ Thumb sucking	☐ Play Behavior	☐ Alcohol/Drugs	☐ 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_____

_____

_____

Treatment History

Previous Professional Assistance *(with your concerns)*

Agency/ Professional _____ Dates _____ Type _____

Agency/ Professional _____ Dates _____ Type _____

Family/Relationship History Please check any current struggles in the family

☐ Physical health of family member(s)	☐ Marital problems	☐ Mental health of family member(s)
☐ Separation or Divorce	☐ Death of family member/pet	☐ Prolonged Absence
☐ Differences in child rearing	☐ Drinking/Drug abuse	☐ Other _____

Child's Information

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

_____

_____

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

ADHD ☐ yes ☐ no Relationship _____ Learning Disabilities ☐ yes ☐ no Relationship_____

Depression ☐ yes ☐ no Relationship _____ Alcohol/Drugs ☐ yes ☐ no Relationship _____

Suicide ☐ yes ☐ no Relationship _____ Anxiety ☐ yes ☐ no Relationship _____

Rage ☐ yes ☐ no Relationship _____ OCD Tendencies ☐ yes ☐ no Relationship _____

Guardian Social History (Description of significant life events in guardian's family or origin i.e. 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_____

_____

_____

_____

_____

_____

_____

Printed Name

_____ _____

Signature of parent/guardian Date