

CHILD AND ADOLESCENT HISTORY FORM

(Version 1.0, 2/10/09 JK)

I. PATIENT INFORMATION

Name _____ Nickname _____

Gender: M F Age _____ DOB _____

Ethnicity : 1 = Caucasian 4 = Asian
2 = African American 5 = Biracial
3 = Hispanic 6 = Other (Specify): _____

Home Address _____

Home Phone _____ Father's cell#: _____ Mother's cell#: _____

Father's work# _____ Mother's work#: _____

Present School _____ Grade _____

Teacher/Counselor/Contact Person _____

Referred by _____

II. FAMILY INFORMATION

A. Who are the people living at home with your child?

Father/(Step/Adoptive) Name _____ Age _____ Education: _____

Mother/(Step/Adoptive) Name _____ Age _____ Education: _____

Siblings: Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Other members of household: Name _____ Age _____

Relationship to child _____

Name _____ Age _____

Relationship to child _____

B. If the child was adopted, indicate age at adoption: _____

Who told the child about the adoption and when? _____

What was the child's reaction? _____

C. What are the current occupations of family members living in the household?

Name _____ Employer/Occupation _____

Name _____ Employer/Occupation _____

Name _____ Employer/Occupation _____

D. What is the religion of the family? _____

Does your family have strong spiritual affiliations? Yes ___ No ___

Describe attendance/participation of your child and/or other members of your family.

E. Describe the current living situation of the family, i.e., apartment, own home, housing community, neighborhood, patient's own room, etc.

Is the home setting adequate for the family's needs: _____

F. With what Ethnic Group/Cultural Background does the family and patient identify?

III. MEDICAL HISTORY

A. Indicate any medical problems your child has had: _____

B. Is your child currently taking prescription medication? For what reason?

Current Doctor: _____ Phone # _____

Address _____

Approximate date of last physical exam: _____ don't know _____

C. Has there ever been any significant accidents/hospitalizations/surgical or invasive procedures?

D. Does the child have any sensitivities or allergies to ANY drugs? YES ____ NO ____

If YES list : Drug name _____ Reaction _____

Drug name _____ Reaction _____

IV. PRESENTING CONCERNS AND HISTORY

A. Describe the reasons for which you are seeking help for your child/teen.

Describe the history of this problem. _____

B. Is your child experiencing any other difficulties at school or at home? Yes _____ No _____

If yes, please describe: _____

C. Has your child used drugs or alcohol? _____

D. Has your child sexually acted out? Indicate pregnancies or abortions. _____

- E. Please describe any previous counseling your child has received, with whom, approximate dates of treatment and/or hospitalizations and with what success?

V. FAMILY HISTORY

- A. Has anyone else in the family (immediate or extended) experienced emotional or psychiatric problems? Yes _____ No _____ If yes, please describe:

- B. Has anyone in the family experienced problems with drugs or alcohol use? Yes _____ No _____. If yes, please describe (Who, What were they? When did they occur? What treatment was utilized and with what success?)

- C. To your knowledge, has there been any sexual abuse/molestation or physical abuse/neglect in the family? Yes ___ No ___ If yes, please describe:

VI. DEVELOPMENTAL HISTORY

A. Where was your child born? _____ Birth Wt. _____

Were there any problems with the pregnancy or delivery?

Yes ___ No ___ If yes, please describe _____

Was there stress, drug or physical abuse during the pregnancy? _____

Full-term baby? Yes ___ No ___

At what age did your child: Crawl _____ Walk _____ First words _____

Complete Toilet Training _____ Learn to read _____

How were his/her coordination abilities? _____

Was the baby unwanted by either parent, and if so, did that change? _____

Was the baby breast or bottle fed? _____

Did the baby like to be held and cuddled? _____

Describe any sleeping problems (i.e., nightmares, sleep walking): _____

How would you describe you child's temperament: _____

B. Have you noticed any difficulties with your child's social adjustment or development?

Yes ___ No ___ If yes, please describe: _____

C. Has your child ever behaved in a way which frightened or concerned you (i.e., cruelty to animals, fire-setting, bed-wetting, soiling, etc.)? Yes___ No___ If yes, please describe:

D. Describe any fears, phobias, nervous habits or unusual reactions your child has had:

VII. SOCIAL HISTORY

A. Please describe your marital and/or significant relationship history (include dates of marriages and divorce):

Children from prior relationships/marriages?

Name_____ Age_____

Name_____ Age_____

Name_____ Age_____

Are you currently in a relationship/marriage? Yes___ No___ For how long?_____

VIII. LEGAL INFORMATION

A. Has your child ever been involved with the legal authorities (CPS, Police, Juvenile Court)? Yes___ No___ If yes, please explain_____

B. Is your child currently under court supervision? Yes___ No___

Probation Officer's Name_____ Phone # _____

C. Have there been custody battles? _____

IX. WORK HISTORY

A. Has your child ever been employed? Yes___ No___ If yes, describe:

X. EDUCATIONAL BACKGROUND

A. Please list all the schools your child has attended (include preschool):

Name of School	Location	Dates attended (from – to)	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Please describe your child's academic performance, i.e., performing at grade level, any truanancies, grades:

C. What is your child's attitude towards school? _____

D. Has your child received Special Education services? Yes ___ No ___ If yes, please explain (Including location, dates of service, and types of services received): _____

E. Has your child ever repeated a grade? Yes ___ No ___ If yes, please explain (what grade and for what reason): _____

XI. RECREATIONAL INFORMATION

A. Does your child participate in any organized sport or group activities? Yes ___ No ___ . If yes, please describe:

B. Does your child have any interests or hobbies? Yes ___ No ___ . If yes, please describe:

XII. STRENGTHS/WEAKNESSES:

A. List child's assets: _____

B. List child's weaknesses: _____

FORM Completed by: _____
Name/Relationship to Patient Date