

Child Information Form

Child's Information

Name _____ M / F Age _____ Date of Birth _____
School _____ City _____ Grade _____

Guardian Information

Name of Guardian _____ M / F Age _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

Name of Guardian _____ M / F Age _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

Married Living Together Widowed Separated Divorced

Date of Divorce or Separation _____

Divorced or separation 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 difficulties first noticed? Please explain as fully as possible.

Previous Professional Assistance (with these issues)

Agency/ Professional _____ Dates _____
Agency/ Professional _____ Dates _____

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, or injuries _____

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

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

Childhood History

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

- Anesthesia Epidural Forceps Late
 Blue baby Premature Induced labor Caesarean
 Breech Other Medication Other Complications _____

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

Describe your child's first year of life? (Temperament, sleep patterns, eating issues or concerns, reaching developmental milestones, etc.) _____

Please describe your child's academic (or developmental 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 What is the friend's age _____

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

What matters most to your child? _____

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

- | | |
|--|--|
| <input type="checkbox"/> Death of family member/pet | <input type="checkbox"/> Prolonged absence of family member(s) |
| <input type="checkbox"/> Marital problems | <input type="checkbox"/> Differences in child rearing |
| <input type="checkbox"/> Physical health of family member(s) | <input type="checkbox"/> Mental Health of family member(s) |
| <input type="checkbox"/> Drinking/drug abuse | <input type="checkbox"/> Separation or divorce |
| <input type="checkbox"/> 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 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 _____

Signatures of guardian(s) who completed this form

Print name _____ Signature _____ Date _____

Print name _____ Signature _____ Date _____