



CHILDHOOD HISTORY FORM

Child's name: *last* _____ *first* _____ *middle* _____

Social security #: _____ age: _____ birthday: _____ gender: _____ race: _____

Address: *street* _____ *city* _____ *state* _____ *zip* _____ *co.* _____

Home phone: _____

This child lives with: _____ relationship to child: _____

| Others in household | Relationship to child | Age |
|---------------------|-----------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Is this child adopted? yes no

Is he/she aware of the adoption? yes no

Child's parents:

living together separated divorced father deceased mother deceased

father remarried mother remarried

Father's full name: _____ date of birth: _____

Address: _____ work phone: _____

Occupation: _____ highest level of education: _____

Mother's full name: _____ date of birth: _____

Address: _____ work phone: _____

Occupation: _____ highest level of education: _____

Person holding custody of child: parent other _____

Address: _____ phone: _____

Custody obtained through: divorce court proceedings

Tell us about your family: The following is a list of events which may have occurred within the family in the past 12 months. *Please check all events which apply to any member of your immediate family.*

- | | |
|---|---|
| <input type="checkbox"/> Death of spouse <input type="checkbox"/> Divorce <input type="checkbox"/> Marital separation <input type="checkbox"/> Jail term <input type="checkbox"/> Death of a close family member <input type="checkbox"/> Personal injury or illness <input type="checkbox"/> Marriage <input type="checkbox"/> Fired from job <input type="checkbox"/> Marital reconciliation <input type="checkbox"/> Retirement <input type="checkbox"/> Change in family member health <input type="checkbox"/> Pregnancy <input type="checkbox"/> Sexual difficulties <input type="checkbox"/> Gain of new family member <input type="checkbox"/> Change in financial status <input type="checkbox"/> Trouble with boss | <input type="checkbox"/> Minor violations of law <input type="checkbox"/> Change in number of arguments with spouse <input type="checkbox"/> Foreclosure of mortgage/loan <input type="checkbox"/> Change in work responsibilities <input type="checkbox"/> Son or daughter leaving home <input type="checkbox"/> Trouble with in-laws <input type="checkbox"/> Outstanding personal achievement <input type="checkbox"/> Spouse beginning/stopping work <input type="checkbox"/> Beginning or ending of school <input type="checkbox"/> Change in residence <input type="checkbox"/> Vacation <input type="checkbox"/> Change to different kind of work <input type="checkbox"/> Change in schools <input type="checkbox"/> Change in personal habits <input type="checkbox"/> Death of a close friend |
|---|---|

Statement of problem/reason for appointment (*including any specific reasons for seeking help at this time*):

History of presenting problem:

Have any of the child's relatives experienced similar problems? *If yes, please explain*

Did the child's mother or the child experience any complications during pregnancy/delivery? yes no

Were drugs or nicotine used during pregnancy? yes no

Was this a planned pregnancy? yes no

MEDICAL HISTORY

Please note the age and any other pertinent information.

Childhood diseases:

Operations:

Other hospitalizations:

Head injuries:

Convulsions/seizures:

Persistent high fevers:

Eye problems:

Tics (eye blinking, sniffing, or any repetitive movement)

Ear problems:

Allergies or asthma

Sleep problems (restless, night-waking, sleep-walking):

Bedwetting or soiling pants in daytime:

Describe the child's appetite:

Please list other doctors or professionals consulted:

Current medications and dosage:

Counseling:

Other:

FAMILY/SOCIAL HISTORY

Answer these questions in regard to your child's family history of *PAST* or *CURRENT* behaviors.

Child's birth mother's history: *(check all that apply)*

- Alcoholism Drug usage Physical abuse Domestic violence
 Sexual abuse Mental illness Criminal activity Homosexuality

Are these behaviors past or current? _____

Child's birth father's history: *(check all that apply)*

- Alcoholism Drug usage Physical abuse Domestic violence
 Sexual abuse Mental illness Criminal activity Homosexuality

Are these behaviors past or current? _____

Child's step-mother's history: *(check all that apply)*

- Alcoholism Drug usage Physical abuse Domestic violence
 Sexual abuse Mental illness Criminal activity Homosexuality

Are these behaviors past or current? _____

Child's step-father's history: *(check all that apply)*

- Alcoholism Drug usage Physical abuse Domestic violence
 Sexual abuse Mental illness Criminal activity Homosexuality

Are these behaviors past or current? _____

Child's maternal grandmother's history: *(check all that apply)*

- Alcoholism Drug usage Physical abuse Domestic violence
 Sexual abuse Mental illness Criminal activity Homosexuality

Are these behaviors past or current? _____

Child's maternal grandfather's history: *(check all that apply)*

- Alcoholism Drug usage Physical abuse Domestic violence
 Sexual abuse Mental illness Criminal activity Homosexuality

Are these behaviors past or current? _____

Child's paternal grandmother's history: *(check all that apply)*

- Alcoholism Drug usage Physical abuse Domestic violence
 Sexual abuse Mental illness Criminal activity Homosexuality

Are these behaviors past or current? _____

Child's paternal grandfather's history: *(check all that apply)*

- Alcoholism Drug usage Physical abuse Domestic violence
 Sexual abuse Mental illness Criminal activity Homosexuality

Are these behaviors past or current? _____

Are there other family members (*including extended family*) with the problems listed above? (*please elaborate*)

Which family member has the best relationship with the child?

INFANCY/TODDLERHOOD HISTORY

Were any of the following present during the first few years?

- did not enjoy cuddling was not calmed by being held
 difficult to comfort colic
 excessive restlessness excessive irritability
 frequent head banging constantly into everything

Temperament: *Please rate the following as your child appeared in infancy and toddlerhood.*

- Activity level: underactive average activity level overactive
Adaptability: adapted easily to change resisted change
Intensity: average feelings were often intense
Mood: often happy average range of moods often dissatisfied or irritable

Developmental milestones: *As best you can recall, list age of development, or check item at right.*

| | Age | Early | Normal | Late |
|-----------------------------------|-------|-------|--------|-------|
| Walked without assistance | _____ | _____ | _____ | _____ |
| Spoke first words | _____ | _____ | _____ | _____ |
| Any speech/articulation problems? | _____ | | | |
| Toilet trained daytime | _____ | _____ | _____ | _____ |
| Toilet trained nighttime | _____ | _____ | _____ | _____ |

Coordination: *Rate your child on the following skills.*

| | Good | Average | Poor |
|--------------------|-------|---------|-------|
| Walking | _____ | _____ | _____ |
| Running | _____ | _____ | _____ |
| Throwing | _____ | _____ | _____ |
| Catching | _____ | _____ | _____ |
| Shoelace tying | _____ | _____ | _____ |
| Writing | _____ | _____ | _____ |
| Athletic abilities | _____ | _____ | _____ |

Comprehension and understanding: *Do you feel your child understands directions and situations as well as other children his/her age?*

How would you rate your child's overall level of intelligence?

- Below average Above average Average

Peer relationships: *How does your child get along with others his/her age? Describe any problems.*

SCHOOL HISTORY

School currently attending: _____ Grade level: _____

Is your child in any resource or special classes? _____

Has your child ever repeated a grade? If so, which grade? _____

Briefly describe your child's school progress. Note usual grades, any problems or successes, strong subjects and weak subjects:

preschool—kindergarten

first—fifth:

sixth—eighth:

ninth—twelfth:

Favorite subject in school: _____

Least favorite subject in school: _____

Describe any conduct problems your child has had or is having in school:

How do you rate your child's homework/study skills? good average poor

Describe difficulties:

Has your child had tutoring or remedial work? _____

Does your child like to read? _____ How often does he/she read? never seldom occasional often

Please rate reading ability: good fair poor

Any other comments on your child's performance and behavior:

HOME BEHAVIOR AND MOOD

Check which of the following applies to your child:

- | | |
|--|--|
| <input type="checkbox"/> frequently irritable or moody | <input type="checkbox"/> frequent stomachaches |
| <input type="checkbox"/> can't seem to enjoy doing anything | <input type="checkbox"/> has had a panic attack (<i>rapid heartbeat, sweaty palms, feelings that something bad is going to happen</i>) |
| <input type="checkbox"/> sad spells | <input type="checkbox"/> difficulty sleeping |
| <input type="checkbox"/> crying spells | <input type="checkbox"/> goes to sleep very late |
| <input type="checkbox"/> easily bored | <input type="checkbox"/> hard to get up in the morning |
| <input type="checkbox"/> poor or low motivation | <input type="checkbox"/> very restless sleep |
| <input type="checkbox"/> low self-esteem (<i>makes negative statements about self</i>) | <input type="checkbox"/> bad dreams |
| <input type="checkbox"/> can't seem to concentrate | <input type="checkbox"/> acts as if he/she is driven by a motor |
| <input type="checkbox"/> has had thoughts or made comments about suicide | <input type="checkbox"/> doesn't seem to learn from experience |
| <input type="checkbox"/> eats too much or too little | <input type="checkbox"/> very disorganized (<i>loses things, has very messy room</i>) |
| <input type="checkbox"/> frequent arguing at home | <input type="checkbox"/> has ever been sexually or physically abused |
| <input type="checkbox"/> fearfulness | <input type="checkbox"/> drug or tobacco use: _____ |
| <input type="checkbox"/> nervous, anxious | <input type="checkbox"/> argues with or is rude to teachers |
| <input type="checkbox"/> frequent headaches | |

If your child experienced any stressful or traumatic situations in the past few months or in the last few years, please describe.

List family recreational activities:

List child's interests and hobbies:

List good things about this child. What can he/she do well? Does he/she have any special talents?

What are the strengths of your family?

What are the challenges of your family?

Any additional comments you want to make about your child (mood, behavior, personality, etc.):

Most children exhibit, at one time or another, one or more of the symptoms listed below. Place a **P** next to those which your child has exhibited in the past and **N** next to those your child exhibits now. Only mark the symptoms which are/were present to a significant degree over a period of time. *Only check behaviors you suspect are unusual or atypical when compared to what you consider to be normal for your child's age.*

- | | |
|--|---|
| <input type="checkbox"/> thumb sucking | <input type="checkbox"/> stealing |
| <input type="checkbox"/> baby talk | <input type="checkbox"/> cruelty to animals, children, and others |
| <input type="checkbox"/> overly dependent for age | <input type="checkbox"/> destruction of property |
| <input type="checkbox"/> frequent temper tantrums | <input type="checkbox"/> criminal and/or dangerous acts |
| <input type="checkbox"/> excessiveness, silliness and clowning | <input type="checkbox"/> trouble with the police |
| <input type="checkbox"/> excessive demands for attention | <input type="checkbox"/> violent assault |
| <input type="checkbox"/> cries easily and frequently | <input type="checkbox"/> fire-setting |
| <input type="checkbox"/> generally immature | <input type="checkbox"/> little, if any, guilt for behavior which causes pain and discomfort to others |
| <input type="checkbox"/> eats non-edible substances | <input type="checkbox"/> little, if any, response to punishment for antisocial behavior |
| <input type="checkbox"/> overeating with overweight | <input type="checkbox"/> few, if any, friends |
| <input type="checkbox"/> eating binges with overweight | <input type="checkbox"/> does not seek friendships |
| <input type="checkbox"/> undereating with underweight | <input type="checkbox"/> rarely sought by peers |
| <input type="checkbox"/> long periods of dieting, food abstinence with underweight | <input type="checkbox"/> not accepted by peer group |
| <input type="checkbox"/> preoccupied with food – what to eat or not to eat | <input type="checkbox"/> selfish |
| <input type="checkbox"/> preoccupation with bowel movements | <input type="checkbox"/> argumentative |
| <input type="checkbox"/> constipation | <input type="checkbox"/> doesn't respect rights of others |
| <input type="checkbox"/> encopresis (soiling) | <input type="checkbox"/> wants things own way with exaggerated reaction if thwarted |
| <input type="checkbox"/> insomnia (difficulty sleeping) | <input type="checkbox"/> trouble putting self in other person's position |
| <input type="checkbox"/> enuresis (bed wetting) | <input type="checkbox"/> egocentric (self-centered) |
| <input type="checkbox"/> frequent nightmares | <input type="checkbox"/> frequently hits other children |
| <input type="checkbox"/> night terrors (terrifying nighttime outbursts) | <input type="checkbox"/> excessively critical of others |
| <input type="checkbox"/> sleepwalking | <input type="checkbox"/> excessively taunts other children |
| <input type="checkbox"/> excessive sexual interest and preoccupation | <input type="checkbox"/> always complaining |
| <input type="checkbox"/> frequent sex play with other children | <input type="checkbox"/> is often picked on and easily bullied by other children |
| <input type="checkbox"/> excessive masturbation | <input type="checkbox"/> suspicious, distrustful |
| <input type="checkbox"/> frequently likes to wear clothing of the opposite sex | <input type="checkbox"/> aloof |
| <input type="checkbox"/> exhibits gestures and intonations of the opposite sex | <input type="checkbox"/> wise-guy or smart-aleck attitude |
| <input type="checkbox"/> frequent headaches | <input type="checkbox"/> brags or boasts |
| <input type="checkbox"/> frequent stomach aches | <input type="checkbox"/> bribes other children |
| <input type="checkbox"/> frequent nausea and vomiting | <input type="checkbox"/> excessively competitive |
| <input type="checkbox"/> often complains of body aches and pains | <input type="checkbox"/> often cheats when playing games |
| <input type="checkbox"/> worries about bodily illness | <input type="checkbox"/> sore loser |
| <input type="checkbox"/> poor motivation | <input type="checkbox"/> does not know when to stop |
| <input type="checkbox"/> apathy | <input type="checkbox"/> poor common sense in social situations |
| <input type="checkbox"/> takes path of least resistance | <input type="checkbox"/> often feels cheated or gyped |
| <input type="checkbox"/> tries to avoid responsibility | <input type="checkbox"/> feels others are persecuting him though there is no evidence of such treatment |
| <input type="checkbox"/> poor follow-through | <input type="checkbox"/> typically wants his/her own way |
| <input type="checkbox"/> low curiosity | <input type="checkbox"/> very stubborn |
| <input type="checkbox"/> open defiance of authority | <input type="checkbox"/> obstructionistic |
| <input type="checkbox"/> blatantly uncooperative | <input type="checkbox"/> negative (does opposite of what is requested) |
| <input type="checkbox"/> persistent lying | <input type="checkbox"/> quietly or silently defiant of authority |
| <input type="checkbox"/> frequent use of profanity to parents, teachers, and other authorities | <input type="checkbox"/> feigns or verbalizes compliance or cooperation but does not comply with requests |
| <input type="checkbox"/> truancy from school | |
| <input type="checkbox"/> runs away from home | |
| <input type="checkbox"/> violent outbursts of rage | |

- _____ drug abuse
- _____ alcohol abuse
- _____ very tense
- _____ nail biting
- _____ chews on clothing, blankets, etc.
- _____ head banging
- _____ hair pulling
- _____ picks on skin
- _____ speaks rapidly and under pressure
- _____ irritability, easily flies off the handle
- _____ fears the dark
- _____ fears new situations
- _____ fears strangers
- _____ fears being alone
- _____ fears death
- _____ fears separation from parent
- _____ fears school
- _____ fears visiting other children's homes
- _____ fears going away to camp
- _____ fears animals
- _____ Other fears:

- _____ anxiety attacks with palpitations (heart-pounding, shortness of breath, sweating, etc.)
- _____ disorganized
- _____ excessive worrying over minor things
- _____ tics, such as eye-blinking, grimacing, or other spasmodic, repetitious movements
- _____ involuntary grunts
- _____ vocalizations (understandable or not)
- _____ stuttering
- _____ depression
- _____ frequent crying spells
- _____ suicidal preoccupation, gestures, or attempts
- _____ excessive desire to please authority
- _____ too good
- _____ often appears insincere and/or artificial
- _____ too mature, frequently acts older than actual age
- _____ excessive guilt over minor indiscretions

- _____ asks to be punished
- _____ low self-esteem
- _____ excessive self-criticism
- _____ very poor toleration of criticism
- _____ feelings easily hurt
- _____ dissatisfaction with appearance or body parts
- _____ excessive modesty or exposure
- _____ perfectionist, rarely satisfied with performance
- _____ frequently blames others as a cover-up for own shortcomings
- _____ little concern for personal appearance or hygiene
- _____ little concern for or pride in personal property
- _____ gets hooked on certain ideas and remains preoccupied with it
- _____ compulsive repetition of seemingly meaningless physical acts
- _____ shy
- _____ inhibited self-expression in dancing, singing, laughing, etc.
- _____ recoils from affectionate physical contact
- _____ withdrawn
- _____ fears asserting self
- _____ inhibits open expression of anger
- _____ allows self to be easily taken advantage of
- _____ frequently pouts and/or sulks
- _____ mute (refuses to speak) but can gullible/naïve
- _____ passive and easily led
- _____ excessive fantasizing, lives in his/her own world
- _____ flat emotional tone
- _____ speech is noncommunicative or poorly communicative
- _____ hears voices
- _____ sees visions