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Child/Adolescent Psychosocial History

Identifying Information

Name of Client:_____ Sex: M / F
Date of Birth:_____ Current Age _____
Address:_____
_____
Telephone: (_____) _____
Email:_____
Present grade in school: _____Name of school: _____
Referral Source: _____
Name of pediatrician/family practitioner: _____

Chief Concerns:
Presenting problems (check all that apply):

____Very unhappy	____Impulsive	____Irritable	____Stubborn	____Temper outbursts
____Disobedient	____Withdrawn	____Infantile	____Distracted	____Destructive
____Fearful	____Clumsy	____Shy	____Phobic	____Mean to others
____Disrespectful	____Self-mutilating	____Overactive	____Truancy	____Peer conflict
____Substance abuse	____Eating problems	____Suicidal	____Lying	____Stealing
____Anxious	____School problems	____Lonely	____Rocking	____Social issues

How long have these problems occurred?_____
Have the problems changed at all over time (improved or worsened)? If so, how?
_____
_____
_____
What happened that makes you seek help at this time?_____
_____
_____
Problems perceived to be: _____ very serious _____serious _____not serious
Does the child work with a psychotherapist for individual therapy? YES / NO

If yes, name of clinician: _____

Does the child have a clinical diagnosis? YES / NO
If yes, please identify the current diagnosis:_____

Psychosocial History
Current family situation:

Mother:
Relationship to child _____natural parent _____step-parent
_____relative _____adoptive parent

Occupation:_____
Education:_____ Religion:_____
Date of Birth: _____ Age: _____

Father:
Relationship to child _____natural parent _____step-parent
_____relative _____adoptive parent

Occupation:_____
Education:_____ Religion:_____
Date of Birth: _____ Age: _____

Marital History of Parents:
Natural parents: _____ married when_____
_____separated when_____
_____divorced when_____
_____deceased M or F_____

Step-parents _____married when_____

If child is adopted:
Adoption source:_____
Reason and circumstances:_____
_____
Age when child first in home: _____ Date of legal adoption_____
What has the child been told regarding their adoption?_____
_____
_____

Living Arrangements:
Number of times family has moved in child's life:_____
Age of child at time of each move:_____
Present home: _____apartment _____ condo _____ house
_____rent _____ own
Number of bedrooms:_____
Who's in each room?_____
_____
Has the child ever been separated from parents for longer than a week?_____
_____
What are the major family stressors at this time?_____
_____
_____

Brothers and Sisters (indicate if step-brothers or step-sisters):

Name	Age	Sex	School/Occupation	Lives at home?

Do any family members (immediate and extended family members) have a history of substance abuse, mental illness or legal problems? If so, please explain:_____
_____
_____

Health of Family Members:
Does or did any member of the child's family have any problems with:
_____reading _____math _____speech _____spelling
If yes, please explain:_____
_____
_____

Child Health Information:
Has the child ever been hospitalized? _____yes _____no
If yes, please explain:_____
_____
Has the child ever taken, or is he/she taking presently any prescribed medications?
_____ yes _____no

Name of medication	Dosage of medication	Reason for medication	Length of time on medication	Prescribed by:

Developmental History:
Length of pregnancy: _____ Was mother under care of a physician Y / N
If mother was ill or upset during pregnancy, please explain:_____
_____
_____
Birth weight: _____ lbs _____oz If premature, how early?_____
If overdue, how late?_____ Type of delivery: _____
Physical condition of infant at birth: _____
Did mother abuse alcohol/drugs during pregnancy? _____yes _____no

Newborn period:

Irritability	_____yes	_____no	duration_____
Vomiting	_____yes	_____no	duration_____
Difficulty breathing	_____yes	_____no	duration_____
Difficulty sleeping	_____yes	_____no	duration_____
Convulsions	_____yes	_____no	duration_____
Colic	_____yes	_____no	duration_____

Normal weight gain? _____yes _____no
Was the child breast fed? _____yes _____no if yes, how long?_____

Developmental Milestones:
Age at which child:
Sat up _____
Crawled_____
Walked_____
Spoke single words_____
Spoke sentences_____
Bladder trained_____
Bowel trained_____
Rode a tricycle_____
Tied shoes_____

Early Social Development:
Did the child attend nursery school/daycare? _____yes _____no
If yes, where and at what age?_____

Relationship of child to siblings and peers:
_____individual play _____group play _____competitive
_____cooperative _____a leader _____a follower

Describe special habits, fears or idiosyncrasies of the child at this age:_____
_____
_____

Educational History:

	Name of School	City/State	Dates Attended	Grades Completed
Pre School				
Elementary School				
Junior High School				
High School				

Types of classes: _____ regular education? _____ special education?
Does the child have an IEP under IDEA? _____yes _____no
If yes, please explain or provide a copy of the IEP:_____
_____
_____
Does the child have a 504 plan? _____yes _____no
If yes, please explain or provide a copy of the documentation:_____
_____
_____

Has the child every repeated a grade? _____yes _____no If yes, which grade? _____
Has the child every skipped a grade? _____yes _____no If yes, which grade? _____
Does the child have any specific learning differences? _____yes _____no If yes, please explain:_____

Academic Performance:
Highest grade on last report card: _____ Lowest grade on last report card: _____
Favorite subject in school: _____ Least favorite subject in school:_____
Describe participation in any extracurricular activities:_____
_____
In school, how many friends does the child have? _____
Has the child had any special testing in school? _____yes _____no
If yes, please summarize the results: _____
_____
List the child's special interests, hobbies or skills: _____
_____
Has the child ever been in any legal trouble? _____yes _____no
If yes, please explain: _____
_____

Name of Parent Completing History:_____
Signature of Parent:_____ Date: _____