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Child / Adolescent Psychosocial History

Identifying Information

Name of client: _____ Sex: M / F
Date of Birth: _____ Current Age: _____
Address: _____
_____
Telephone: (_____) _____ E-mail: _____
Present grade in school: _____ Name of school: _____
Referral Source: _____
Name of pediatrician/family practitioner: _____

Chief Concern

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, please name the 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 _____ age _____ _____
__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? _____
_____
_____
_____

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	Living 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:

_____
_____
_____

Is there any history in the child's family of
___mental retardation? ___epilepsy? ___birth defects? ___schizophrenia?
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 the care of a physician? _____
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 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 sibling 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
Preschool				
Elementary school				
Junior High				
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 ever repeated a grade? ___yes ___no If so, which grade? _____
Has the child ever skipped a grade? ___yes ___no If so, 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 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_____