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**Child Information Form**

Date \_\_\_\_\_ Filled out by \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Child's full name \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_  
 Child's Address \_\_\_\_\_

Health Insurance for child:  None  Medicaid  Private Company: \_\_\_\_\_

**Person(s) with legal custody of child**

Natural Parent  Adoptive Parent  Step Parent  Foster Parent

Name: \_\_\_\_\_  
 Address (if different from child's): \_\_\_\_\_  
 Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Other) \_\_\_\_\_  
 Age \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_ Religion \_\_\_\_\_  
 Place of work \_\_\_\_\_ Type of work \_\_\_\_\_ Work days/hours \_\_\_\_\_  
 Presently married  yes  No Previously married:  yes  No

Natural Parent  Adoptive Parent  Step Parent  Foster Parent

Name: \_\_\_\_\_  
 Address (if different from child's): \_\_\_\_\_  
 Contact Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Other) \_\_\_\_\_  
 Age \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_ Religion \_\_\_\_\_  
 Place of work \_\_\_\_\_ Type of work \_\_\_\_\_ Work days/hours \_\_\_\_\_  
 Presently married  yes  no Previously married:  yes  no

Child's natural parents if not listed above: \_\_\_\_\_

Reason for not living with child: \_\_\_\_\_  
 \_\_\_\_\_

**Adults & children living in child's home. If not listed above:**

Name	Age	Sex	Relationship to child (step, foster, adoptive, unrelated, etc...)

**Child's full or half brothers and sisters NOT living in child's home:**

Name	Age	Sex	Living Where?

Home Setting:

House  Apartment  Mobile Home  Size :  Large  Medium  Small  
 Rural  Suburban  Urban  Other (Describe) \_\_\_\_\_

What concerns you about your child? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How long has this difficulty existed? \_\_\_\_\_

Have you previously sought help?  Yes  No

If yes, Where & When \_\_\_\_\_  
 \_\_\_\_\_

### Child's Medical History

	YES	NO	Describe:
Medical problems during pregnancy?			
Medications during pregnancy?			
Did either parent drink much alcohol during pregnancy?			
Other problems during pregnancy? (marital, job, money, living conditions)			
Birth weight:			
Was child born premature?			How premature?
Problems with newborn period or infancy? (being born blue, birth defects, yellow jaundice, seizures, infections, injuries, feeding problems)			
Was or is child allergic to medications or anything else?			

Describe all severe illnesses, accidents, operations, handicaps, and repeated medical problems (such as ear infections, headaches, etc.) and the ages when they happened.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any medications prescribed for behavior problems:

Medication	When first prescribed	Doctor	Effect

Does the child take any other medications?

Medication	Dosage	Reason

Child's Pediatrician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ Outcome \_\_\_\_\_

## Child's Developmental History

Have you noticed any problems in development?     Yes     No

Describe: \_\_\_\_\_

Were any of the following difficult or slow to develop?

	Yes	No	Describe
Walking alone			
Speaking			
Bowel Training			
Bladder Training			
Staying dry at night			
Writing			
Reading			
Riding Bicycle			
Tying Shoes			

Have there been any problems in the following areas ?

	Yes	No	Describe
Discipline			
Temper or fighting			
Moods			
Relationship to others			
Sex play			
Other behaviors			

### Child's Temperament

	Yes	No	Describe
Is your child overactive?			
Does your child have trouble paying attention?			
Does your child have trouble staying with an activity?			
Does your child fluctuate from happy to sad quickly with little apparent cause?			
Does your child get frustrated easily?			
Are your child's emotional responses generally unpredictable?			
Does it take your child a long time to warm up to new situations or people?			
Does your child react strongly to physical pain?			
Does your child react strongly to other things?			

### Child's Background

Has anyone in the family had the following? If so, specify relationship to child:

	Yes	No	Relationship	Describe
Neurological disease (seizures, weakness, etc.)				
Medical disease (Diabetes, thyroid, heart disease)				
Mental disease (Schizophrenia, bi-polar, anxiety, depression)				
Mental Retardation				
Learning problems				
Behavior problems				
Excessive use of alcohol				

**Child's Background**  
(continued from previous page)

	Yes	No	Relationship	Describe
Excessive use of drugs				
Trouble with the law				
Trouble holding a job				
Physical abuse				
Sexual abuse				

**Family Social History**

	Yes	No	Describe
Parental separation or divorce			
Family moves			
Recent deaths or losses (within last 3 years)			
Other major family changes			
Is your present marriage Dissatisfying to you?			
Is your present work situation Dissatisfying to you?			
Are your present living circumstances Dissatisfying to you?			
Has anyone in your family seen a psychologist, psychiatrist or other mental health worker?			
Have there been any recent changes or stresses in your living situation or family?			

**Child's School History**

	Yes	No	Describe
Has your child had learning problems?			
Has your child had social problems in school?			
Is your child receiving special help at school?			
Any other school concerns?			

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher(s): \_\_\_\_\_

**Summary**

Do you have any ideas about why your child is having problems now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your child's strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please feel free to write anything else you think we should know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

