

CHILD AND ADOLESCENT PERSONAL DATA

Name _____

Address _____

Birthdate _____ Sex _____ Age _____

School and Current grade _____

Who has legal custody? _____

FAMILY INFORMATION

Mother's Name _____ SS # _____

Mother's Address _____

Phone Numbers _____ (home) _____ (cell) _____ (work)

Email address _____

Employment _____

Father's Name _____ SS # _____

Father's Address _____

Phone Numbers _____ (home) _____ (cell) _____ (work)

Employment _____

Email address _____

Sibling Names/Ages _____

Others Living in Home? _____

Previous Therapy? _____

Reason for seeking therapy at this time? _____

DEVELOPMENTAL HISTORY

Pregnancy

- Mother's Age at Birth _____ Planned or Unplanned _____
- Prenatal or Childbirth Complications? _____
- Weight/Health of Child? _____

Developmental Milestones

- Crawling _____
- Standing _____
- Toilet Trained _____ (bladder) _____ (bowel)
- Physical problems/limitations? _____
- Unusual injuries/head injuries/hospitalizations? _____
- History of physical/sexual abuse? _____

EDUCATIONAL HISTORY

A. Preschool/Mother's Morning out Programs

- Age Attended/Length of Time _____
- Adjustment to school and environment _____

• Separation from Parents _____

B. Elementary School

• Social/Academic Problems? _____

• Achievement/Academic/Psychological Testing? _____

C. Middle School

• Social/Academic Problems? _____

• Achievement/Academic/Psychological Testing? _____

SOCIAL HISTORY

A. Relationships with Others

• Parents _____

• Siblings _____

• Teachers _____

• Peers _____

B. Alcohol/Tobacco/Drug Usage _____

C. Dating History _____

D. Sexual Activity History _____

E. Legal History _____

MEDICAL HISTORY

• Diet/Appetite _____

- Sleep Patterns _____
- Exercise _____
- Medications Currently Prescribed _____
- Pediatrician/Family Physician/Psychiatrist _____