

**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 \_\_\_\_\_