



Child Information

Name of Child _____ m/f Age _____ DOB _____
School _____ City _____ Grade _____ Teacher _____

Guardian Information

☐ Single ☐ Living Together ☐ Married ☐ Widowed ☐ Separated/Divorce Date of Separation/Divorce _____

Name _____ m/f Age _____ DOB _____
Custody Arrangement **Legal Custody** ☐ Joint ☐ Sole ☐ None **Physical Custody** _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

Name _____ m/f Age _____ DOB _____
Custody Arrangement **Legal Custody** ☐ Joint ☐ Sole ☐ None **Physical Custody** _____
Address _____ City _____ State _____ Zip _____
Phone _____ Email _____

Other People in Child's Home(s)

Name _____	m/f _____	DOB _____	Relationship _____
Name _____	m/f _____	DOB _____	Relationship _____
Name _____	m/f _____	DOB _____	Relationship _____
Name _____	m/f _____	DOB _____	Relationship _____

Child Care Providers

Name _____	m/f _____	DOB _____	Relationship _____
Name _____	m/f _____	DOB _____	Relationship _____

Medical Information

List all illnesses/accidents/injuries:

Illness/Accident/Injury _____	Date _____	Treatment _____
Illness/Accident/Injury _____	Date _____	Treatment _____

Medication being taken _____	For _____	Physician/Medical Provider _____
Medication being taken _____	For _____	Physician/Medical Provider _____

Please describe any conditions that require regular medical care _____

Describe any known neglect or abuse (physically or sexually) your child has experienced _____

Has your child ever seen a counselor? ☐ Yes ☐ No



Childhood History

Pre-Natal and Pregnancy History:

- ☐ Planned ☐ Unplanned ☐ Wanted ☐ Trouble Conceiving ☐ Fertility Treatments ☐ Donor Sperm/ Egg
☐ Surrogate ☐ Adopted ☐ Bio Parents Known ☐ Bio Parents Unknown ☐ Drug/Alcohol Use
☐ Used Medications ☐ Trauma ☐ Injury/Illness ☐ Emotional Strain ☐ Complications
☐ Other _____

Please explain _____

Birth History:

- ☐ Early ☐ Premature ☐ Late ☐ Induced labor ☐ Caesarean ☐ Forceps ☐ Breech ☐ Epidural ☐ Anesthesia
☐ Blue baby ☐ Incubation ☐ Neo-natal Intensive Care Unit ☐ Other _____

Please explain _____

Feeding History:

- ☐ Breast Fed *until* _____ ☐ Trouble Latching On ☐ Low Milk Supply ☐ Suck Problems ☐ Needed Breast Guard
☐ Bottle Fed *until* _____ ☐ Pumped Milk ☐ Formula ☐ Other _____

How was feeding for parent and child _____

Emotional Development:

Describe where your child was born and raised _____

Describe your child's biggest fears or worries _____

What matters most to your child _____

Describe your child's greatest strengths _____

Describe your child's personality and temperament _____



List any difficulties or significant events in your child's life (birth of siblings, death of family members or close relatives, moves, prolonged absences of a parent, illness of a parent, financial problems, family legal or criminal problems, etc.)

Describe the strengths your child has shown to in his/her overall adjustment to past difficulties_____

Does your child plunge easily into new situations or hold back when things are unfamiliar_____

How does your child react to what he/she like and dislikes? ☐ Reacts strongly ☐ Very mild ☐ In the middle
Please Explain_____

What is your child's quality of mood? ☐ Positive attitude towards life ☐ Negative attitude towards life
Please explain_____

Learning Development:

Describe any remedial help or special education services received in school or otherwise_____

Please describe your child's academic strengths/weaknesses_____

What are you child's favorite activities/interests/hobbies? _____

What is your child's activity level? ☐ High/Active ☐ Moderate ☐ Slowly/Hesitates/Dawdles

Please describe your concerns about your child and the reasons that you are seeking help _____

Please check any past or present concerns about your child:

- ☐ Communication ☐ Self-Esteem ☐ Trauma ☐ Physical Abuse ☐ Attachment ☐ Depression ☐ Play behavior
☐ Grief/ Loss ☐ Sexual Abuse ☐ Eating ☐ Anxiety ☐ Thumb sucking ☐ Fears ☐ Sexual activity ☐ Stealing
☐ Nightmares ☐ Temper tantrums ☐ Destructiveness ☐ Peer Relationships ☐ Lying ☐ Activity level
☐ Response to discipline ☐ Learning Struggles ☐ Alcohol/Drugs ☐ Sexuality ☐ Sleep Problems
☐ Encopresis/ Enuresis ☐ Injury/ Illness ☐ Suicidal Thoughts ☐ Aggression ☐ Relationship issues
☐ Separation or Divorce ☐ Parenting Differences ☐ Other _____

Goals for child's therapy and/or family change
