

## Child Information Form

### Child's Information

Name \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

City/State \_\_\_\_\_ Teacher \_\_\_\_\_

### Guardian's Information

Name \_\_\_\_\_

M/F \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Married  Living Together  Widowed  Separated  Divorced

Date of Separation/Divorce \_\_\_\_\_

Divorce Arrangement: Legal Custody  Joint  Sole  None

### Physical Custody

Name \_\_\_\_\_

M/F \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Married  Living Together  Widowed  Separated  Divorced

**Other People in Child's Home(s)**

Name \_\_\_\_\_ M / F \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ M / F \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ M / F \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ M / F \_\_\_\_\_ Age \_\_\_\_\_

**Child Care Providers (if applicable)**

Name \_\_\_\_\_ M / F \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ M / F \_\_\_\_\_ Age \_\_\_\_\_

**Major Concerns**

Please describe, in your own words, your concerns about your child and the reasons that you are seeking help

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When were these difficulties first noticed? Please explain as fully as possible \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous Professional Assistance with these issues:

Agency/Professional \_\_\_\_\_ Dates \_\_\_\_\_

Agency/Professional \_\_\_\_\_ Dates \_\_\_\_\_

What matters most to your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other medication \_\_\_\_\_

Other complications \_\_\_\_\_

Postnatal History (Describe the time immediately following birth: feeding, incubation, injury, illness, etc.)

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How would you describe your child's first year? \_\_\_\_\_

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How did your child sleep during the first year? \_\_\_\_\_

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Eating habits during the first year? \_\_\_\_\_

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Did your child cry frequently during the first year? \_\_\_\_\_

Was your child easily soothed? \_\_\_\_\_

Medical issues during the first year? \_\_\_\_\_

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Describe the environment and the level of stress during your child's first year \_\_\_\_\_

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

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Does your child prefer the company of adults to other children?  Yes  No

Does your child have at least one best friend?  Yes  No      Friend's age? \_\_\_\_\_

Describe your child's strengths \_\_\_\_\_

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**Special concerns**

Please check any past or present concerns about your child:

- Activity level
- Alcohol/drugs
- Anxiety
- Coordination
- Destructiveness
- Eating
- Fears
- Fire setting
- Lying
- Peer relationships
- Play behavior
- Response to discipline
- Sexual activity
- Stealing
- Temper tantrums
- Thumb sucking
- Tics
- Truancy

Other \_\_\_\_\_

Please elaborate on any concerns that you have about any of the difficulties listed \_\_\_\_\_

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

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**Medical history**

Please describe your child's general health \_\_\_\_\_

Please list any medication that your child currently takes and what it is for (where applicable give the name of the prescribing physician) \_\_\_\_\_

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Please describe any serious illnesses, accidents, injuries (with approximate dates) \_\_\_\_\_

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Please describe any conditions that require regular medical care \_\_\_\_\_

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Have any of your child's blood relatives or caretakers struggled with any of the following:

- ADHD - Relationship \_\_\_\_\_
- Alcohol/drugs - Relationship \_\_\_\_\_
- Anxiety - Relationship \_\_\_\_\_
- Depression - Relationship \_\_\_\_\_
- Learning disabilities - Relationship \_\_\_\_\_
- OCD tendencies - Relationship \_\_\_\_\_
- Rage - Relationship \_\_\_\_\_
- Suicide - Relationship \_\_\_\_\_

### **Childhood History**

Was your child planned/wanted? Please explain \_\_\_\_\_

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Pregnancy and birth history (please include any trauma, medication by mother, unusual emotional strain, alcohol/drug use, complications, etc.) \_\_\_\_\_

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- Anesthesia
- Blue baby
- Breech
- Caesarean
- Early
- Epidural
- Forceps
- Induced labor
- Late
- Premature

How do schoolteachers and non-family members describe your child? \_\_\_\_\_

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### Family/Relationship History

Please check any current struggles in the family:

- Death of family member/pet
- Differences in child rearing
- Drinking/drug abuse
- Marital problems
- Mental health
- Physical health of family member(s)
- Prolonged absence
- Separation or divorce

Other \_\_\_\_\_

Please elaborate on any concerns that you have about any of the difficulties listed \_\_\_\_\_

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Briefly describe this child's behavior at home \_\_\_\_\_

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How does this child get along with siblings? \_\_\_\_\_

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Describe any special activities that the family does together \_\_\_\_\_

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**Guardian Social History** (Description of significant life events in guardian's family or origin such as discipline style, history of drug/alcohol use, employment history, legal involvement, education, moves, abuse, etc.)

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Goal(s) for child's therapy and/or family change \_\_\_\_\_

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\_\_\_\_\_

**Signature(s) of guardian(s) who completed this form:**

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_