

CHILD/ADOLESCENT CLIENT HISTORY

Please answer the following questions to the best of your knowledge. Please note: information you provide here is protected as confidential information.

Name of child: _____

Name of guardian: _____

Address: _____

Home phone: _____ May I leave a message? _____

Cell phone: _____ May I leave a message? _____

email: _____ May I email you? _____

Referred by (if applicable): _____

Date of birth: _____

School: _____ Grade: _____

Does your child receive special education? _____

Has your child ever been diagnosed with a learning disability? If so, what was his/her diagnosis?

Historically, what kind of student has your child been in terms of academics?

At what age did your child begin walking/talking? _____

Did you ever feel that your child was late in meeting developmental milestones?

Has your child ever participated in therapy before? _____ If yes, when?

Has your child ever had psychiatric services before? _____ If yes, when?

Has your child ever been hospitalized for a mental health reason? Dates?

Has your child ever attempted to hurt themselves or attempted suicide? If yes, when?

Has your child ever had any serious illnesses? Seizures? Head injuries?

Does your child have any current specific health concerns? Chronic pain?

Does your child take any medications (prescription/psychiatric) at this time? If so, please list medications and doctor prescribing:

How would you rate your child's current physical health on a scale of 1-10? _____

Does your child have any sleep problems? Please describe: _____

Does your child have any problems with eating or appetite? Please describe:

Is your child physically active? How many times per week?

Is your child experiencing any depression, sadness, or grief? If yes, for how long?

Is your child experiencing anxiety, panic attacks, or phobias? If yes, for how long?

Has your child ever struggled with alcohol/substance abuse issues? If yes, when? Did he/she receive treatment?

Has your child ever been involved with juvenile justice or had any legal problems? If yes, when?

What significant life changes or stressful events has your child/family experienced recently?

Do you feel that your child has ever experienced a traumatic event? If so, when?

Has your child ever witnessed or experienced domestic violence/abuse/neglect? If so when?

Please list any behavioral problems your child has that concern you at home, school, or in the community.

Do you feel your child struggles with any cultural/ethnic identity issues? Language? Cultural stress? Please describe: _____

Do you feel your child struggles with any sexual orientation or gender identity issues? If so, please describe: _____

Current issues I would like for my child to address in psychotherapy include (check all that apply):

- depression ADHD mood disorder
 anxiety behavioral problems separation anxiety
 panic attacks anger problems self-esteem
 symptoms of trauma communication problems social issues
 self-injurious behavior (i.e. cutting, etc) family dynamics bullying
 other: (Please describe) _____

Family mental health history: Please list any family members that struggle with the following issues and their relationship to your child (maternal aunt, paternal grandmother, etc).

	Please circle	Family member
Depression	yes/no	
Anxiety	yes/no	
Bipolar Disorder	yes/no	
Schizophrenia	yes/no	
Eating Disorder	yes/no	
Substance abuse	yes/no	
Domestic violence	yes/no	
Self-injurious behavior	yes/no	
Suicide attempt	yes/no	

What do you consider to be your child's strengths? _____

What are some areas for growth you feel your child should focus on at this point in his/her life?

What would you like to see your child accomplish in his/her time in therapy?
