



WESTSIDE CENTER
for COUNSELING and THERAPY
205 S. Minnesota Street
Carson City, NV 89703-4269

Therapist: _____

Child History Form

In order for us to be able to fully evaluate your child, please fill out the following questionnaire to the best of your ability. We realize there may be information that you do not remember or have access to; do the best you can. Thank you!

PATIENT IDENTIFICATION

Name _____ First Appointment Date _____
 Birth Date _____ Age _____ Sex _____
 School _____ Grade _____
 Religion _____ Natural Mother _____
 Race _____ Natural Father _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone # _____ Work # _____ Cell# _____
 Who is the child currently living with? _____

REFERRAL SOURCE

Referral Source _____
 Referral Address _____ Phone # _____
 Do we have your permission to release information to the referring professional when it is appropriate?
 Yes ____ No ____

PURPOSE OF THE CONSULTATION

(Please give a brief summary of the main problems)

WHY DID YOU SEEK THE EVALUATION AT THIS TIME?

PRIOR ATTEMPTS TO CORRECT PROBLEMS / PRIOR PSYCHIATRIC HISTORY

(Please include contact with other professionals, medications, types of treatment, etc.)

What do you want this clinician to do for your child, yourself or your family? _____

MEDICAL HISTORY

Current medical problems/medications _____

Past medical problems/medications _____

Other doctors/clinics seen regularly _____

Any history of head trauma? (describe) _____

Ever any seizures or seizure like activity? _____

Any periods of spaciness or confusion? _____

Prior hospitalizations (place, cause, date, outcome) _____

Prior abnormal lab tests, X-rays, EEG, etc. _____

Allergies/drug intolerances (describe) _____
Present Height: _____ Present Weight: _____

FAMILY HISTORY

Family Structure (who lives in the current household with the child, please give relationship to the child):

Family Development (include marriages, separations, divorces, deaths, traumatic events, losses, etc.) ____

Current Marital Situation/Satisfaction of Parents _____

Natural Mother's History: Age _____ Outside Work _____

School: Highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc.) _____

Has mother ever sought psychiatric treatment? Yes _____ No _____

If yes, for what purpose? _____

Mother's alcohol/drug use history _____

Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify)

Natural Father's History: Age _____ Outside Work _____

School: Highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc.) _____

Has father ever sought psychiatric treatment? Yes _____ No _____

If yes, for what purpose? _____

Father's alcohol/drug use history _____

Have any of father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify)

(If Applicable)

Step or Adoptive Mother's History: Age _____ Outside Work _____

School: Highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc.) _____

Has step or adoptive mother ever sought psychiatric treatment? Yes _____ No _____
If yes, for what purpose? _____

Step or adoptive mother's alcohol/drug use history _____

Step or Adoptive Father's History: Age _____ Outside Work _____
School: Highest grade completed _____
Learning problems (specify) _____
Behavior problems (specify) _____
Marriages _____
Medical Problems _____
Childhood atmosphere (family position, abuse, illnesses, etc.) _____

Has step or adoptive father ever sought psychiatric treatment? Yes _____ No _____
If yes, for what purpose? _____

Step or adoptive father's alcohol/drug use history _____

Siblings (names, ages, problems, strengths, relationship to patient) _____

Family Stresses (Please list current factors that are a source of stress in the family) _____

CHILD'S DEVELOPMENTAL HISTORY

Prenatal events:

Parents attitude toward pregnancy _____
Conception – ease _____ planned _____ unplanned _____
Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc.) _____

Birth and Postnatal period:

Birth weight _____ Length _____ Labor duration _____
Delivery: vaginal _____ C-Section _____ Problems _____
APGAR scores (if known) _____ Any jaundice? Yes _____ No _____
WSC-CHF (2008)

Time in hospital _____

Any other complications? _____

Mother's health after delivery _____

Post delivery blues? _____ If yes, how long? _____

Primary caretaker for child, first year _____

Thereafter _____

Feeding history: breast vs. bottle _____ age weaned _____

Food allergies _____

Current eating problems _____

Sleep behavior: sleepwalking, nightmares, recurrent dreams, current problems (getting up, going to bed)

Separations from mother and/or father: age, duration, reaction to: _____

Motor development:

(please write in age events occurred; ages in parentheses are approximate normal limits)

Rolls over (3-5m) _____ Sits without support (5-7m) _____

Crawls (5-8m) _____ walks well (11-16m) _____

Runs well (2y) _____ rides tricycle (3y) _____

Throws ball over hand (4y) _____

Current level of activity _____

Fine and gross motor coordination _____

Compared to peers _____

Language development:

Several words besides "dada", "mama" (1y) _____

Name several objects – ball, cup (15m) _____

3 words together – subject, verb, object (24m) _____

Vocabulary _____ Articulation _____

Comprehension _____

Compared to peers _____

Any current problems _____

Social development:

Smile (2m) _____ shy with strangers (6-10m) _____

Separates from mother easily (2-3y) _____

Cooperative play with others (4y) _____

Quality of attachment to mother _____

Quality of attachment to father _____

Early peer interactions _____

Current peer interactions _____

Special interests _____

Relationships to family members _____

Hobbies/interests _____

Toilet training:

Age reached bowel control: day _____ night _____

Age reached bladder control: day _____ night _____

Methods used _____ ease _____

Current function _____

Sexual development:

Gender identity _____

Any problems _____

Behavioral/Discipline:

Compliance vs non-compliance _____

Lying/stealing _____ rule breaking _____

Methods of discipline _____

Other problems _____

Emotional development:

Early temperament _____

Current personality _____

Mood _____

Habits _____

Fears/phobias _____

Special objects (blankets, dolls, etc.) _____

Ability to express of feelings _____

Physical /Sexual Abuse:

Drug/Alcohol History

School History:

Current grade _____

School contact _____

Number of schools attended _____

Average grades _____

Homework problems? _____

Specific Learning disabilities _____

Strengths _____

Motivation _____

What have teachers said about the child/teen _____

Overall strengths – as viewed by parents _____

Overall strengths – as viewed by the child/teen _____
