



Step-Mother's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Step-Father's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Address : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Parent/Guardian/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Current Concerns:**

Why are you seeking counseling for your child?

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How long have these problems occurred?

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Problems perceived to be (Please circle):

Very serious

Serious

Not serious

What happened that makes you seek help at this time?

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What changes would you like to see in your child?

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What changes would you like to see in you?

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What changes would you like to see in your family?

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Has the child ever seen a therapist/psychologist/counselor before? Please explain:

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***Current Family situation:***

Who currently resides in the home with the child?

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Marital history of the biological parents:

Married

Separated

Deceased

Divorced

Never Married

Does the child have a step-mother?

Yes

No

How long has the step-mother been in the child's life?

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Describe the child's relationship with the step-mother:

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Does the child have a step-father?

Yes

No

How long has the step-father been in the child's life?

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Describe the child's relationship with the step-father:

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**If the child is adopted:**

Age when child came into the home: \_\_\_\_\_ Date of legal adoption: \_\_\_\_\_

Reason and circumstance for adoption:

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When was the child told?

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What has the child been told?

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Name of brother / sister	Age	How related? Full / Half / Step / Other	Relationship? Good / Fair / Discord

Please list where the child has resided and with whom throughout his/her life:

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Was the child ever placed, boarded, or lived away from the family?      Yes      No

Explain:

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What are the major family stressors at the present time, if any?

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**HEALTH OF THE FAMILY MEMBERS:**

List all the family members by their relation to the client who have a history of depression, ADHD, anxiety, mood disorder, drug/alcohol abuse, behavioral problems, legal problems, or other psychological problems:

Name:	Relation:	Mental Health:	Drugs / Alcohol:	Legal:	Other:

\*Please list addition family members on the back of this page

**CHILD HEALTH INFORMATION:**

Note all health problems the child has had or has now:

Age		Age		Age	
	High Fever		Dental Problems		Pneumonia
	Weight Problems		Flu		Allergies
	Encephalitis		Meningitis		Convulsions
	Unconsciousness		Concussions		Head Injury
	Fainting		Dizziness		Tonsils Out
	Vision Problems		Hearing Problems		Earaches
	Skin Problems		Asthma		Headaches
	Stomach Problems		Accident Prone		Anemia
	High Blood Pressure		Low Blood Pressure		Sinus Problems
	Heart Problems		Hyperactivity		STD
	Infectious Disease		Other Illnesses		

Please Explain:

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Has the child ever been admitted to a psychiatric hospital?      Yes      No

If yes, please explain:

Age Admitted:	How Long:	Reason / Diagnosis:	Recommendations / Medications:

\*Please list additional information on the back of this page



**NEWBORN PERIOD:**

Irritability	Yes	No	How Long?	_____
Vomiting	Yes	No	How Long?	_____
Difficulty Breathing	Yes	No	How Long?	_____
Difficulty Sleeping	Yes	No	How Long?	_____
Convulsions/Twitching	Yes	No	How Long?	_____
Colic	Yes	No	How Long?	_____
Normal Weight Gain	Yes	No	How Long?	_____
Breast Fed	Yes	No	How Long?	_____

**DEVELOPMENTAL MILESTONES:**

Age at which child:

Sat up _____	Crawled _____
Walked _____	Spoke single word _____
Bladder trained _____	Bowel trained _____
Weaned _____	Spoke sentence _____

**EARLY SOCIAL DEVELOPMENT:**

Describe the child's interaction with siblings and peers:

\_\_\_\_\_  
\_\_\_\_\_

Describe the child's special habits, fears, or idiosyncrasies:

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL HISTORY:**

Name of School	Dates Attended	City/State	Grades Completed
_____	_____	_____	_____
_____	_____	_____	_____

Is the child enrolled in any special education or specially modified classes? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain:  
\_\_\_\_\_  
\_\_\_\_\_

Has the child ever been retained or skipped a grade? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain:  
\_\_\_\_\_  
\_\_\_\_\_

Does the child attend school on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the child appear motivated for school? \_\_\_\_\_ Yes \_\_\_\_\_ No

What are the child's grades?  
\_\_\_\_\_  
\_\_\_\_\_

What is the child's favorite class?

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Least favorite class?

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Has the child been suspended or expelled? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain:

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Does the child participate in extracurricular activities? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain:

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How many friends does the child have in school / in neighborhood?

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What are the child's educational aspirations?

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**LEGAL HISTORY:**

Has the child ever had difficulty with police? Explain:

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Has the child ever appeared in juvenile court? Explain:

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Has the child ever been on probation? Explain:

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Does the child use alcohol, tobacco, other drugs, or abuse prescription medication? Explain:

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Has the child been forced to participate in substance abuse classes, tobacco cessation classes, anger management, or other classes per court order? Explain:

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**EMPLOYMENT:**

Has the child ever been employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer:	When:	Length of Employment:	Reason for Leaving:

**OTHER INFORMATION:**

What are the child's hobbies and interests?

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What are the child's strengths and talents?

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What religion is the child?

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Does he/she attend church regularly?

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What cultural affiliation does the child have?

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Additional Comments:

Parent Signature

Date

Therapist Signature

Date

# Child Checklist of Characteristics

Name \_\_\_\_\_

Date \_\_\_\_\_

Please review this checklist, which contains concerns (as well as positive traits) that apply mostly to children, and mark any items that describe your child. Feel free to add any others at the end under "Any other characteristics."

- Affectionate
- Argues, "talks back", smart-alecky, defiant
- Bullies/intimidates, teases, inflicts pain on others, is bossy to others, picks on, provokes
- Cheats
- Cruel to animals
- Concern for others
- Conflicts with parents over persistent rule breaking, money, chores, homework, grades, choices in music/clothes/hair/friends
- Complains
- Cries easily, feelings are easily hurt
- Dawdles, procrastinates, wastes time
- Difficulties with parent's paramour/new marriage/new family dependent, immature
- Developmental delays
- Disrupts family activities
- Distractible, inattentive, poor concentration, daydreams, slow to respond
- Dropping out of school
- Drugs or alcohol use
- Eating-poor manners, refuses, appetite increase or decrease, odd combinations, overeats
- Exercise problems
- Extracurricular activities interfere with academics
- Failure in school
- Fearful
- Fighting, hitting, violent, aggressive, hostile, threatens, destructive
- Fire setting
- Friends, outgoing, social
- Hypochondriac, always complains of feeling sick
- Immature, "clowns around", has only younger playmates
- Imaginary playmates, fantasy
- Independent
- Interrupts, talks out, yells
- Lacks organizational, unprepared
- Lacks respect for authority, insults, dares, provokes, manipulates
- Learning disability
- Legal difficulties- truancy, loitering, panhandling, drinking, vandalism, stealing, fight, drugs sales
- Likes to be alone, withdraws, isolates
- Lying
- Low frustration tolerance, irritability
- Mental retardation
- Moody
- Mute, refuse to speak
- Nail biting
- Nervous
- Nightmares
- Need for high degree of supervision at home over play/chores/schedule
- Obedient
- Obesity

- Overactive, restless, hyperactive, overactive, out-of-seat behaviors, restlessness, fidgety, noisiness
- Oppositional, resists, does not comply, negativism
- Prejudiced, bigoted, insulting, name calling, intolerant
- Pouts
- Recent move, new school, loss of friends
- Relationships with brothers/sisters or friends/peers are poor competition, fight, teasing/provoking, assaults
- Responsible
- Rocking or other repetitive movements
- Runs away
- Sad, unhappy
- Self-harming behaviors-biting or hitting self, head banging, scratching self
- Speech difficulties
- Sexual-sexual preoccupation, public masturbation, inappropriate sexual behaviors
- Shy, timid
- Stubborn
- Suicide talk or attempt
- Swearing, blasphemes, bathroom language, foul language
- Temper tantrums, rages
- Thumb sucking, finger sucking, hair chewing
- Tics-involuntary rapid movements, noises, or word productions
- Teased, picked on, victimized, bullied
- Truant, school avoiding
- Underactive, slow-moving or slow-responding, lethargic
- Uncoordinated, accident prone
- Wetting or soiling the bed or clothes
- Work problems, unemployment, workaholic/overworking, can't keep a job

Any other characteristics:

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Please look back over the concerns you have checked off and choose the one that you most want your child to be helped with. Which is it?

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Parent Signature

Date

Therapist Signature

Date