CHILD/ADOLESCENT LIFE HISTORY Questionnaire

The purpose of this questionnaire is to obtain a comprehensive understanding of your child—his/her life experience and background. In answering the following questions as accurately and completely as you can, you will facilitate in the development of a treatment plan that is best suited to your child's individual needs. If you would rather not answer a question, simply leave it blank or write, "do not want to answer." Use N/A where **n**ot **a**pplicable.

DATE:_____

CHILD'S NAME:_____

GENDER: (M) _____ **(F)** _____ **AGE:** _____

DATE of BIRTH: _____

ADDRESS:_____

CITY, STATE, ZIP: _____

Name of person completing form (please print):_____

Relationship to child: _____

Emergency contact information (of person completing form):

Phone (home)_____ (work)_____ (cell)_____

Address (street, city, state, zipcode)_____

Other emergency contacts:

Name (2): _____ Relationship:_____

Phone (home)_____ (work)_____ (cell)_____

Address (street, city, state, zipcode)_____

Name (3): _____ Relationship: _____

Phone (home)_____ (work)_____ (cell)_____

Address (street, city, state, zipcode)_____

Presenting Problems: (check or circle all that apply)

Sad, very unhappy	Moody	Angry, defiant
Cries frequently	Acts without thinking	Stealing
Irritable	Stubborn	Lying
Temper tantrums	Disobedient	Sexual acting out
Withdrawn, loner	Infantile	School performance
Daydreaming	Mean to others, bullies	Truancy
Fearful	Destructive	Bed wetting
Worries	Trouble with the law	Soiled pants
Clumsy	Running away	Eating problems
Overactive	Self-mutilating	Overweight
Slow	Head banging	Stomachaches
Short attention span	Rocking	Sleeping problems
Distractible	Shy	Nightmares
Lacks initiative	Avoids adults	Often ill
Lazy	Strange, unusual thoughts	Drug use
Undependable	Strange, unusual behaviors	Alcohol use
Peer conflict	Tics or twitches	Fire setting
Phobic	Eye blinking, jerking	Suicide talk

Are there any other problems not listed above? _____

_____

How long have these problems occurred? (number of weeks, months, years)

_____

Problems perceived to be: ____very serious ____serious ____somewhat serious ___not serious

What are your expectations of your child? _____

What changes would you like to see in your child? _____

_____

Current Family Situation:

MOTHER—Relationship to child ____natural parent _____relative

____step-parent _____adoptive parent

Occupation _____ Education _____

Birthplace _____ Age_____

FATHER—Relationship to child ____natural parent _____relative

____step-parent _____adoptive parent

Occupation _____ Education _____

Birthplace _____ Age_____

Marital History of Parents:

Natural Parents: ____married when_____ ages _____ _____

____separated when_____

____divorced when _____

____deceased M or F _____

Step Parents: ____married when_____

If child is adopted: Reason and circumstance_____

Age when child first in home_____

Date of legal adoption_____

Does child know of adoption?_____

Living Arrangements:

	Places	Dates
Number of moves in child's life _____	_____	_____
	_____	_____
	_____	_____

Present home: ____condo ____house ____apartment ____other: _____

Does the child share a room with anyone else? ____Yes ____No *If yes,* with whom? _____

If no, how long has he/she had own room? _____

Was the child ever placed, boarded, or lived away from the family? ____Yes ____No Explain:

_____

Has either parent ever been separated from the child (i.e. long hospitalization, marital separation, divorce, etc.)? ____Yes ____No Explain:_____

_____Age of child at time of separation_____

BROTHERS and SISTERS: (indicate if step-brothers or step-sisters)

Name	Age	Sex	School or Occupation	Present Grade	Living at home (yes or no)	Use drugs or alcohol (yes or no)	Treated for drug abuse (yes or no)

Others living in the home (and their relationship to child):

_____

_____

Does or did any member of the child's family have any problems with:

____reading ____spelling ____math ____speech ____depression ____anxiety

____self-destructive behavior ____schizophrenia ____attempted or committed suicide

If yes, please explain:_____

_____

Any major family changes (losses, illnesses, deaths, births, etc.)? _____
_____ Age of child at time of change_____

Developmental History

Prenatal—Was child wanted? ____Yes ____No Planned for? ____Yes ____No

Paternal support and acceptance (explain): _____

Normal pregnancy? ____Yes ____No

If mother was ill or upset during pregnancy, explain: _____

_____

Check any that were used during pregnancy: ____Tobacco ____Alcohol ____Drugs

Birth: ____Full term ____Premature

Length of labor: _____hours/mins.

Type of delivery: ____Normal ____Breech ____Cesarean ____Other: _____

Condition of child at birth:_____

Was it necessary to give the infant oxygen? ____Yes ____No

At what age did your child: ____Walk alone ____Spoke single words ____Sentences

At what age was your child toilet trained? _____ Was this difficult? ____Yes ____No

Has your child ever experienced injuries, illnesses, or hospitalizations apart from the normal childhood illnesses? ____Yes ____No Please describe (including age at time of experience:

_____

_____

Is your child currently taking any medications? ____Yes ____No *If yes*, please explain:

Name of Medication	Dosage	Frequency	Reason

_____

_____

_____

Has your child ever talked about or attempted suicide? ____Yes ____No Explain: _____

_____

Is there history of sexual abuse or physical abuse? ____Yes ____No ____Not sure

If yes, what age? _____

Do you have knowledge or think your child is using drugs, alcohol, and/or cigarettes?

____Yes ____No Explain:_____

Primary Care Physician (Name, Address, Phone Number):_____

_____

FOR GIRLS:
Menstrual period: Age of first period_____ Problems:_____
Pregnancies: ___Yes ___No
Terminated Pregnancies: ___Yes ___No *If yes,* how many_____

Spiritual Upbringing

Religion_____ Mother_____ Father_____

Please explain the role and importance of spirituality in child's upbringing_____

_____

Is child's family affiliated with a spiritual/religious group? ___Yes ___No *If yes*, describe:

_____

Would you like your spiritual/religious beliefs incorporated into the counseling? ___Yes ___No

Explain:_____

Education

	Name of School	City/State	Dates Attended: From	To	Grades completed at this school
Preschool					
Elementary					
Middle school					
High school					

Types of classes: ____regular _____learning disability _____continuation
____emotionally handicapped _____other:_____

What grade is he/she in?_____ How much does he/she like school?_____

Did child skip a grade? ____Yes ____No Repeat a grade? ____Yes ____No

If yes, what grade(s)? _____

Please describe any difficulties your child is experiencing in school, or has experienced in the past _____

Has your child had special testing in school? (*If yes,* what were the results?_____)

Psychological ___Yes ___No *Vocational* ___Yes ___No *Special Ed* ___Yes ___No

Has your child ever received psychiatric or counseling services? ____Yes ____No

If yes, please explain:_____

ACADEMIC PERFORMANCE:

Highest grade on last report card and subject/class?_____

Lowest grade on last report card and subject/class?_____

Favorite subject?_____

Least favorite subject?_____

Does child participate in extracurricular activities? ___Yes ____No

Explain:_____

List child's special interests, hobbies, skills: _____

_____

_____

What are child's educational aspirations? ____quit school
____graduate from high school
____go to college
____other:_____

Social Development:

Relationship to siblings and peers: ___individual play ___group play ___competitive
(check all that apply) ___cooperative ___leader ___follower

How many friends does child have? ____a lot ____a few ____none

Describe special habits, fears, or idiosyncrasies of the child: _____
_____

Has the child ever had difficulty with the police? ___Yes ___No (*If yes, explain*) _____
_____

Has child ever appeared in juvenile court? ___Yes ___ No (*If yes, explain)*_____
_____

Has the child ever been on probation? ___Yes ___No

From To Reason Probation Officer

_____

_____

_____

Has child ever been employed? ___Yes ___No

Job Employer How long

_____

_____

_____

ADDITIONAL COMMENTS—Please include any additional information that you feel would be helpful in the understanding of your child's situation.

Signature of person completing form_____ **Date**_____

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