

Child Family History

(To be completed by parent/guardian)

Child's name: _____ Date completed: _____

Name of parent(s): _____

1. Family Concerns:

a. What are your concerns for your child?

b. What changes have you tried to make in the past? What was the outcome?

c. Have you been to counseling? Family or child?

Issues address?

Outcome of treatment?

2. Child's History:

a. Developmental History:

Prenatal exposure to drugs or alcohol	Yes	No	Medical complications	Yes	No
Full term pregnancy	Yes	No	Birth weight normal	Yes	No
Delivery complications	Yes	No	Postpartum depression	Yes	No
Sleep difficulties	Yes	No	Easily soothed	Yes	No
Shy	Yes	No	Breast fed	Yes	No
Bedwetting	Yes	No	Any other early medical, social or psychological problems:	Yes	No

Age child was: Toilet trained _____ Walked _____ Talked _____

Medical History:

Asthma or other allergies	Yes	No	Head injuries	Yes	No
Surgeries (what)	Yes	No	Hearing problems	Yes	No

Ear infections	Yes	No	Eye problems	Yes	No
Psychiatric hospitalizations	Yes	No	Other medical problems	Yes	No

c. Behavioral History:

Suicidal behavior in past	Yes	No	currently	Yes	No
Sexual acting out in past	Yes	No	currently	Yes	No
Runaway behavior in past	Yes	No	currently	Yes	No
Sleep problems in past	Yes	No	currently	Yes	No
Aggressive/Delinquency in past	Yes	No	Currently	Yes	No
Eating problems in past	Yes	No	currently	Yes	No
Drug/alcohol problems in past	Yes	No	currently	Yes	No

d. Trauma/stress History:

Ever witness violence	Yes	No	History of sexual abuse	Yes	No
History of peer abuse	Yes	No	Multiple moves	Yes	No
Multiple job losses in family	Yes	No	Extreme financial difficulties	Yes	No
History of physical abuse	Yes	No	Deaths or losses	Yes	No
Other:					

e. Relationship(s) with biological mom:

dad:

step-mother:

step-father:

other guardians:

f. Relationship with siblings:

g. Relationship with extended family:

h. What does your child like to do in his/her spare time?

i. How does your child get along with peers? Any best friends?

j. Child's strengths/weaknesses?

k. Are there any cultural/ethnic/religious concerns for your child?

l. What, if any medications does your child currently take?

Medication	When was this taken?	Reason for medication

3. Family History:

a. Mother's side of family:

Child abuse or neglect history	Yes	No	Mental health history	Yes	No
Sexual abuse history	Yes	No	Suicide history	Yes	No
Alcohol abuse history	Yes	No	Learning disabilities	Yes	No
Drug abuse history	Yes	No	Divorce/separations	Yes	No
Other (medical/social/legal..):					

b. Father's side of family:

Child abuse or neglect history	Yes	No		Mental health history	Yes	No
Sexual abuse history	Yes	No		Suicide history	Yes	No
Alcohol abuse history	Yes	No		Learning disabilities	Yes	No
Drug abuse history	Yes	No		Divorce/separations	Yes	No
Other (medical/social/legal...):						

c. Family support systems (church, clubs, extended family, friends):

d. Current family problems or concerns:

4. Goals for your child?

5. Additional information not noted elsewhere that would help me to understand your child's needs.