

SUN PRAIRIE PSYCHOLOGICAL SERVICES

CHILD HISTORY FORM

Date _____

Client _____ Male/Female DOB _____ Age _____

Address _____ City/Zip _____

Phone (home) _____ (Mom cell) _____ (Dad cell) _____

School _____ Grade _____ Teacher/Contact _____

Family

Name	Age	Occupation/Employer
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Father _____

Mother _____

Brothers _____

Sisters _____

Parents' marital status _____

Placement/custody (if applicable) _____

Any step-parents or siblings? _____

Mental Health History

Child's previous mental health contact (age, reason, outcome) _____

Drug or alcohol problems in family _____

Mental health history in family _____

Health and Developmental History

Primary Care Physician _____ Clinic _____

Current and past health conditions _____

Current medications _____

Any issues with pregnancy or delivery _____

Please describe child's infancy (sleeping and eating habits, temperament, response to soothing, etc.) _____

Please describe early childhood (development, play, response to change, etc.) _____

Treatment Needs and Goals

Please describe any school concerns (academic, social, behavioral, IEP) _____

Any history of trauma or abuse _____

Any history of harming self or others _____

Any concerns about safety or suicide _____

Please describe your current concerns and reasons for seeking therapy _____

Any concerns or issues not appropriate to discuss in your child's presence _____

Please list your child's strengths and coping resources _____

What changes and goals are you seeking from therapy? _____
