LifeLens Psychological and Counseling Services

Child and Adolescent History Form

Account # _____

Client Full Name: _____ Date of Birth: _____

Client's legal guardian(s): _____ relationship: _____

Person competing form: _____ relationship: _____

(parents may be requested to complete a separate Adult History Form to provide family background)

Synopsis of Presenting Problem, Symptoms, onset of symptoms: _____

_____

_____

EDUCATION & SOCIALIZATION

Current School Attending: _____ Grade: _____

Current Academic Standing: _____

Current School Behavior: _____

Past Grades Repeated: _____

Special Education Category: _____ N/A

Grade when special education services began: _____ N/A

Has your child ever been afraid to go to school? Yes ___ No ___

If yes, please explain: _____

_____

Has your child ever had difficulties with: Math ____ Reading ____ Language ____ Speech _____

If yes, please explain: _____

_____

Has your child ever had difficulties with peer relationships: Yes ___ No ___

If yes, please explain: _____

_____

_____

Have you received complaints / concerns from your child's school about behavior or achievement? Yes ___ No ___

If yes, please explain: _____

_____

_____

Does your child have friends? Yes ___ No ___

Please describe friends / socialization: _____

_____

How does your child spend leisure time? (interests, hobbies) _____

_____

_____

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BEHAVIOR

Please check any of the following that describe your child's behavior:

___ Acts impulsively
___ Talks impulsively
___ Compulsive behavior
___ Ritualistic behavior
___ Short attention span
___ Hyperactive / over active
___ Easily angered
___ Stubborn
___ Oppositional
___ Defiant
___ Does not share
___ Jealous
___ Has to have own way
___ Has to be first
___ Not always truthful
___ Fails to anticipate consequences
___ Fails to understand consequences
___ Fails to accept consequences
___ Will not accept blame or responsibility
___ Refuses bed time
___ Needs the last word
___ Substance abuse

___ Poor hygiene
___ Lacks motivation
___ Steals from home
___ Steals from peers
___ Poorly organized
___ Clumsy
___ Daydreams
___ Takes unnecessary risks
___ Feels lonely
___ Does not feel liked
___ Shy with peers
___ Shy with adults
___ Prefers to be alone or isolates
___ Worries
___ Moody
___ Sad
___ Cries easily
___ Expects failure
___ Does not like self
___ Feelings of guilt
___ Hurts animals
___ Sets fires
___ Runs away from home
___ Does not come home after school

___ Sleep difficulties
___ Sleep walking
___ Over eats
___ Refuses to eat
___ Refuses to speak
___ Bedwetting - present
___ Bedwetting - past
___ Wetting during day
___ Soiling during day
___ Soiling at night
___ Stutters
___ Tics or twitches
___ Bites finger nails
___ Scratches self
___ Cuts self
___ Pulls out own hair
___ Aggression
  ___ to peers
  ___ to siblings
  ___ to parents
  ___ to teachers or care-givers
___ Property destruction
___ Sexual acting out
___ Preoccupied with sexual thoughts or talk

Please describe any special concerns about your child's emotional or behavioral functioning:

_____

_____

_____

_____

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HEALTH

Is your child on any medications? Yes ___ No ___

If yes, please list name, dosage, when first prescribed, and prescribing doctor:

_____

_____

_____

Medication allergies: _____

List all of child's major illness, accidents, surgeries, hospitalizations, or abortions:

_____

_____

_____

Are immunizations current: Yes ___ No ___

If no, please explain: _____

When was your child's last eye exam? _____ **Glasses?** _____

When was your child's last hearing exam? _____ **Outcome?**_____

Date of last physical: _____ **Date of last dental:** _____

Has your daughter begun menstruation? _____

Does your child have a history of substance abuse or experimentation (tobacco, alcohol, marijuana, other substances)? If yes, please describe: _____

_____

Has your child had previous counseling? Yes ___ No ___

If yes, When? Where? How Long? Child's Response? _____

_____

_____

BIRTH & DEVELOPMENT

Was Child Adopted? Yes ___ No ___ Age at adoption: _____

Pregnancy Complications: Yes ___ No ___ Age informed of adopted status: _____

If yes, please explain: _____

_____

Any prenatal exposure to alcohol, tobacco, or drugs? Yes ___ No ___

If yes, please explain: _____

_____

Delivery Complications: Yes ___ No ___

If yes, please explain: _____

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Length of labor: _____ Premature? _____ weeks; Birth weight: _____
Newborn's health: _____

Infancy: Identify any problem areas:

___ Colic	**___ Underactive**	**___ Chronic illness**
___ Eating	**___ Infections**	**___ High fevers**
___ Sleeping	**___ Slow growth**	**___ Hospitalization**
___ Milk or food allergies	**___ Fussy**	**___ Surgery**
___ Sleep patterns	**___ Cried often**	**___ Did not respond to affection**
___ Overactive	**___ Constipation**	**___ Sensory difficulties**

Developmental (indicate if within normal range)

Talking:	**Yes ___**	**No ___**	**Single words at _____ months**
			Sentences at _____ months
Speech deficit:	**Yes ___**	**No ___**	
Crawling:	**Yes ___**	**No ___**	**At _____ months**
Standing:	**Yes ___**	**No ___**	**At _____ months**
Walking:	**Yes ___**	**No ___**	**At _____ months**
Toilet Training:	**Yes ___**	**No ___**	**Began at _____ months,**
			completed at _____ months

Knew colors at: _____ years of age
Knew numbers at: _____ years of age
Knew letters at: _____ years of age
Began reading at: _____ years of age

ENVIRONMENTAL

Intact Family: Yes ___ No ___

If no, at what age did child begin experience living without both parents present? And what is the child's response to current living arrangements? _____

_____

_____

Family's religious beliefs and practices, and what is the child's response and interest in religious practices? _____

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Does the child live in a house or in an apartment style abode? _____

_____

_____

Parent / Family Income Level: _____

Parents' Education Levels and Occupations (include step-parent data):

_____

_____

_____

_____

Siblings (name & ages; indicate step-sibling status): _____

_____

_____

_____

Care Taking Arrangements (during non-school hours): _____

_____

Extended family involvement and relationship status (grandparents, aunts, uncles, cousins):

_____

_____

_____

LEGAL

Is or has your child been involved in a custody dispute? Yes ___ No ___

If yes, please explain: _____

_____

_____

Has your child been involved with the police or the courts? Yes ___ No ___

If yes, please explain: _____

_____

_____

Does your child work? _____ Hours: _____ Position: _____

_____

Printed Name

_____ _____

Signature Date