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Date \_\_\_\_\_

CHILDREN'S BACKGROUND FORM

**THE INFORMATION YOU GIVE IS FOR PROFESSIONAL USE ONLY.**

Child's Full Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Referred By \_\_\_\_\_

List any physical or medical condition that affects your child's functioning: \_\_\_\_\_

\_\_\_\_\_

PARENTS

Father's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_

Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_

Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

Education \_\_\_\_\_ Occupation \_\_\_\_\_

HEALTH INSURANCE

Health Insurance Company \_\_\_\_\_ Filing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Has Authorization Been Obtained? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

CHILDRENS BACKGROUND FORM

DATE \_\_\_\_\_

So that we can help you, please fill out the following information about your child. This information will be treated in a professional manner.

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_ Street \_\_\_\_\_

(Signature of Parent or Guardian) City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

(Address/Phone of Parent or Guardian)

Name of person filling out this form \_\_\_\_\_

What is your relationship to this child? \_\_\_\_\_

In your own words, what are the problems or difficulties your child is experiencing? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you tried to get any previous help for this? \_\_\_\_\_ What kind? \_\_\_\_\_

\_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_ Was this helpful? \_\_\_\_\_ How? \_\_\_\_\_

\_\_\_\_\_

What procedures have you tried on your own? \_\_\_\_\_

\_\_\_\_\_

When did these problems first begin? \_\_\_\_\_

What important things have happened to your child or the family in the last six months? \_\_\_\_\_

\_\_\_\_\_

What sudden changes have you noticed recently in his/her behavior and moods or in family members? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BIO-MEDICAL AND DEVELOPMENTAL HISTORY

What aches, pains or physical discomforts does your child have these days? \_\_\_\_\_

\_\_\_\_\_

What has he/she been hospitalized for in the past? \_\_\_\_\_  
\_\_\_\_\_

What problems were there during pregnancy and birth with your child? \_\_\_\_\_  
\_\_\_\_\_

How much did he/she weigh at birth? \_\_\_\_\_

At what age did your child:

Sit alone \_\_\_\_\_

Say his/her first word \_\_\_\_\_

Walk alone \_\_\_\_\_

Use two words together \_\_\_\_\_

Ride a tricycle \_\_\_\_\_

Become toilet trained \_\_\_\_\_

Dress himself \_\_\_\_\_

Learn basic colors \_\_\_\_\_

What accidents has your child had? \_\_\_\_\_

What is the name and address of the physician who usually sees the child? \_\_\_\_\_  
\_\_\_\_\_

When was his/her latest medical examination? \_\_\_\_\_

What medications is he/she taking these days? \_\_\_\_\_

What is the name and address of the person to notify in case of an emergency? \_\_\_\_\_  
\_\_\_\_\_

Who referred you to us? \_\_\_\_\_

SCHOOL HISTORY

Which schools has your child attended since entering school? \_\_\_\_\_  
\_\_\_\_\_

What grade is your child in now? \_\_\_\_\_ At what school? \_\_\_\_\_

In what three subjects does he/she earn his/her best grades? \_\_\_\_\_  
\_\_\_\_\_

In what three subjects has he/she earned his/her lowest grades? \_\_\_\_\_  
\_\_\_\_\_

What grade did he/she repeat? \_\_\_\_\_

Is your child's schoolwork: Above average \_\_\_\_\_ Average \_\_\_\_\_ Below average \_\_\_\_\_

What are his/her favorite subjects? \_\_\_\_\_  
\_\_\_\_\_

What special school problems does your child have? \_\_\_\_\_  
\_\_\_\_\_

What psychological or achievement tests has your child had previously? \_\_\_\_\_

What were the results or scores? \_\_\_\_\_

HOME HISTORY

What problems does your child have at home? \_\_\_\_\_

When are these problems worse? \_\_\_\_\_

When are they better? \_\_\_\_\_

Please fill in the names, ages, etc. of your child's family.

Name	Age	Level of Education	Occupation	Where Employed	Work Schedule
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Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Brothers: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Sisters: \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Others living in your home:

\_\_\_\_\_

(If any of the above are adopted, please indicate this.)

Which child seems easiest to get along with and why? \_\_\_\_\_

\_\_\_\_\_

Which child is the most difficult and why? \_\_\_\_\_

\_\_\_\_\_

Who disciplines the children and how? \_\_\_\_\_

\_\_\_\_\_

What year were your child's parents married to each other? \_\_\_\_\_

What marital problems have there been between the parents? \_\_\_\_\_

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

Previous marriages for the father? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Previous marriages for the mother? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

How do the parents feel about the child? \_\_\_\_\_

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

Please CIRCLE any of the following which are problems with this child.

- |                    |                        |                       |
|--------------------|------------------------|-----------------------|
| a. Stealing        | j. Tiredness/Fatigue   | s. Clumsiness         |
| b. Lying           | k. Eating Problems     | t. Over-activity      |
| c. School Problems | l. Sex Problems        | u. Under-activity     |
| d. Running Away    | m. Shyness             | v. Easily Upset       |
| e. Toilet Problems | n. Extreme Fears       | w. Self-critical      |
| f. Temper Tantrums | o. Over-dependency     | x. Destructiveness    |
| g. Nail Biting     | p. Jealousy/Resentment | y. Depression/Sadness |
| h. Sleep Problems  | q. Cruelty             | z. Guilt Feelings     |
| i. Nervousness     | r. Over-sensitive      |                       |

Please tell us a little about each you circled. \_\_\_\_\_

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

What are his/her strong points or favorable characteristics? \_\_\_\_\_

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

What are the "good" behaviors your child engages in? \_\_\_\_\_

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

What games or particular interests does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

What else does your child like to do? \_\_\_\_\_

What kinds of things might serve as rewards for this child? \_\_\_\_\_

How does he/she get along with teachers as compared to his/her parents? \_\_\_\_\_

How does he/she get along with boys and girls of the same age? \_\_\_\_\_

What people has your child felt close to in his/her life? \_\_\_\_\_

How many friends does your child have? \_\_\_\_\_

#### FAMILY HISTORY

What emotional troubles, nervous breakdowns, convulsive disorders, etc. have there been in your child's family or relatives? \_\_\_\_\_

\_\_\_\_\_

What troubles has your child's family had with the law? \_\_\_\_\_

What religion does your child's family belong to? \_\_\_\_\_

Who lives in the house with your child at present? \_\_\_\_\_

How many bedrooms are there? \_\_\_\_\_ What are the sleeping arrangements? \_\_\_\_\_

What sort of neighborhood does your child live in? \_\_\_\_\_

\_\_\_\_\_

#### FINANCIAL

What was the family's income last year? \_\_\_\_\_

How many people did this income support? \_\_\_\_\_

What medical/hospitalization insurance do you have? \_\_\_\_\_

Does it cover treatment of emotional problems? \_\_\_\_\_