

Child/Adolescent History

Today's Date: _____

Child/Adolescent's Name: _____ Date of Birth: _____

Primary Care Provider: _____ Who Referred You: _____

Name of Person Completing Form: _____ Relationship to Child/Adolescent: _____

Family History

Is either parent deceased? Yes ___ No ___

Are child/adolescent's parents: Married ___ Divorced ___ Separated ___ Never Married ___
If divorced, what are the custody and parenting arrangements?

How many brothers and sisters? Sisters _____ Brothers _____

Any other children in the family adopted: Yes ___ No ___

Was the child/adolescent neglected prior to adoption? Yes ___ No ___

Was the child/adolescent abused prior to adoption? Yes ___ No ___

At what age was the child adopted? _____

Are they aware of the adoption? Yes ___ No ___

Was it an open adoption (i.e., did they have contact with their birth parents)? Yes ___ No ___

Comments:

Medical/Mental Health History

All Current medications for child: (Please include all vitamins and herbs.)

Medication	Dose	Frequency

Indicate which family members (blood relatives through great-grandparents) are affected by the following:

- High blood pressure _____ Neurological disorders _____
- Excessive alcohol use _____ Learning disabilities _____
- Excessive drug use _____ Mentally impaired _____
- Stroke _____ Suicide attempts _____
- Diabetes _____ Excessive caffeine use _____
- Cancer _____ Frequent overeating _____
- Depression _____ Frequent under eating _____
- Anxiety _____ Excessive gambling _____
- Alzheimer's Disease _____ Blackouts/Seizures _____
- Heavy smoking _____ Mental illness (manic, depression, schizophrenia, etc.) _____
- Attention Deficit/Hyperactivity Disorder _____ Attracted to high risk situations _____
- Excessive pre-occupation with sex _____ Excessive shopping/spending _____
- Excessive work/clean/busy _____ Excessive care taking of others _____

Symptoms: Check any which apply to child:

<u>Symptom</u>	<u>Present</u>	<u>Symptom</u>	<u>Present</u>
A) Inattentive to details	_____	D) Self mutilation (self injury)	_____
Difficulty sustaining attention	_____	Urinary infections, chafing	_____
tasks or play	_____	Stomach pain	_____
Disorganized	_____	Wetting, soiling	_____
Doesn't seem to listen when	_____	Many physical complaints	_____
spoken to directly	_____		
Doesn't follow instructions, finish	_____	E) Sadness, loneliness	_____
Avoids mentally challenging tasks	_____	Trouble sleeping	_____
Often loses things	_____	Sleeps too much	_____
Forgetful	_____	Sleeps too little	_____
Easily distracted	_____	Nightmares	_____
Fidgets	_____	Night terrors	_____
Difficulty remaining seated	_____	Withdrawn	_____
Runs, climbs excessively	_____	Suicidal thoughts	_____
Difficulty playing quietly	_____	Suicide attempts	_____
"On the go"	_____	Eating too much	_____
Talks excessively	_____	Eating too little	_____
Interrupts	_____	Purging	_____
Blurts answers to questions intrusively	_____	Laxative use	_____
Learning problems	_____	Fatigue	_____
		Crying spells	_____
B) Often bullies, threatens	_____	F) Value changes	_____
Often starts fights	_____	Manipulative	_____
Used a weapon	_____	Secretive	_____
Took a weapon to school	_____	Moody	_____
Cruelty to people	_____	Alcohol use	_____
Cruelty to animals	_____	Drug use	_____
Stolen with victim present	_____	Inhaling ("huffing")	_____
Forced sexual activity	_____	Tobacco use	_____
Lies, cons	_____	Underachievement	_____
Serious fire setting	_____	Decline in grades	_____
Deliberate destruction of property	_____	Poor motivation	_____
Breaking and entering	_____	Change in friends	_____
Stolen without victim present	_____	Poor communication	_____
Shoplifting	_____		
Often violate parental curfew	_____	G) Fearful and worrying	_____
Runaway behavior	_____	Restless, edgy	_____
Frequent truancy	_____	Poor concentration	_____
Suspended or expelled	_____	Tires easily	_____
Loses temper	_____		
Argues with adults	_____	H) Friendship/social problems	_____
Defiant	_____	Out of home placement	_____
Annoys others	_____	Pregnant/expecting a baby	_____
Blames others	_____	Sexualized behaviors	_____
Touchy, easily annoyed	_____	Sees things that are not real	_____
Angry, resentful	_____	Hears things that others do not	_____
Spiteful, vindictive	_____	Spends excessive times on the computer	_____
Homicidal thoughts	_____	Tics/tremors	_____
C) Upset when considering separation	_____	I) Other symptoms that concern your:	_____
from home, caretaker	_____		_____
Separation nightmares	_____		_____
Worry above harm to caretaker	_____		_____
Worry about events causing separation	_____		_____
Fear of being alone without caretaker	_____		_____
Fear of sleep without caretaker near	_____		_____
Physical symptoms when separated	_____		_____
from caretaker	_____		_____
Obsessive thinking (germs, illness)	_____		_____
Rituals: (Excessive hand washing,	_____		_____
counting, sorting, touching)	_____		_____
Excessive need for reassurance	_____		_____