

Child Health History

Thank you for taking the time to complete this form. Please use the back of this form if more space is needed.

Date:

Who is completing this form?

Child's name

Nick Name

Birth date

Current age

Sex: M F F

Child's School

Grade

Child's teacher

Special Placement?

Who can I thank for your referral to me?

Family Members: Name

Age

Occupation/Grade

Mother

Father

Siblings

Others

Are there any custody arrangements? Please describe:

Current Family Stressors:

Have any of the following stressful events occurred in the last 12 months?

parents divorced or separated

family accident or illness

death in the family

parent change job

changed schools

family move

family financial problems

other (specify)

Medical History: *Pease give details and the age of your child*
Problems with pregnancy, labor or delivery?

Childhood diseases?

Operations? Hospitalizations?

Loss of consciousness? Head injuries?

Abuse requiring medical treatment?

Appetite or eating problems?

Sleep problems?

Need for speech, occupational or physical therapy?

Present Medical Status:

Height

Weight

Are there any illnesses your child is being treated for?

Does your child take any medications? Please list **name, dosages and prescribing physician.**

Does your child have any handicaps or disabilities?

Developmental History:

What was your child's temperament like as an infant and toddler?

Was your child on time walking, talking, toilet training?

Development History (con't)

Did your child attend daycare or preschool? How did your child adjust?

How has your child done in the school setting?

How would you describe your child's social abilities?

How does your child get along with other members of the household?

How would you describe your child's disposition?

Have there been any traumatic events in your child's life? (deaths, accidents, separations, etc.)

Do you have concerns about your child understanding verbal or written communication?

Does your child receive any special services at school?

Present Concerns:

How do you hope psychotherapy will help your child? What are your goals for your child?

What specific problems or concerns would you like your **family** to work on?

What is the history of these concerns?

What strengths do you see in your child?

Please share other information that might be helpful.