

STEPPARENT OR OTHER GUARDIAN:

Name: _____ DOB: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Religion: _____

SECOND STEPPARENT OR OTHER GUARDIAN:

Name: _____ DOB: _____

Street/Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Religion: _____

Please identify dates of all marriages, divorces and remarriages for both natural and stepparents:

List in chronological order all children, including the patient and siblings, stepsiblings and half siblings:

NAME	SEX	DOB	RELATIONSHIP TO CHILD
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List other children and adults who have lived or are now living in the home and their relationship to the child:

List dates of moves and why the move occurred:

How long has the child been at the present address? _____

DEVELOPMENTAL INFORMATION

Length of pregnancy: _____ Birth Weight: _____ Planned? _____

Was the pregnancy complicated with drugs or alcohol? _____

Nature of delivery (natural, C-section, breech): _____ Condition at birth: _____

If adopted, from where? _____ Age at time of adoption: _____

Age of parent at time of birth or adoption: Father _____ Mother _____

Were developmental milestones (crawling, walking, talking, toilet training) met on time? _____

What have been the significant stressors or traumas to the family and child?

MEDICAL/PSYCHIATRIC/PSYCHOLOGICAL HISTORY

Who is your child's primary care physician? _____

Psychiatrist, Psychologist and/or Mental Health Facility? _____

What medications is your child taking now? _____

What medications has your child tried in the past for mood/behavior?

Any medication allergies? What is the reaction and how is it treated? _____

List any chronic medical conditions: _____

List any hospitalizations your child has had, including the dates and reason for hospitalization and resulting diagnosis:

Has your child ever been exposed to or been the object of abuse? What type (physical, emotional, sexual)?

Check all of the symptoms below that apply to your child:

	Fails to finish things they start		Mean to others
	Easily distracted		Demands a lot of attention
	Has difficulty concentrating		Avoidance of being left alone
	Day dreams or gets lost in their thoughts		Excessive need of reassurance
	Shifts excessively from one activity to another		Clings to adults or too dependent
	Has difficulty sitting still		Acts too young for their age
	Impulsive or acts without thinking		Is easily led by others
	Has difficulty awaiting their turn (games, etc)		Easily made jealous
	Has difficulty participating in organized activities (sports)		Sibling rivalry
	Is frequently disruptive in class		Fears they have to be perfect
	Refusal to attend school		Very self-conscious or easily embarrassed
	Argues a lot, bragging, boasting		Feelings of inadequacy
	Lying		Avoids competitive situations
	Chronic violation of parental limits		Feels no one loves them
	Poor relationship with parents		Complains of loneliness
	Runaway		Has difficulty making or keeping friends
	Stealing, shoplifting, breaking and entering		Gets teased a lot
	Negative peer associates (hangs out with others that get in trouble)		Avoids unfamiliar social situations
	Physically violent to property (vandalism, destructive)		Does not associate with people their own age
	Fire setting		Social withdrawal
	Alcohol abuse -what kind?		Doesn't seem to have much energy
	Drug abuse -what kind?		Overtired
	Abusive to animals		Confused or seems to be in a fog
	Any involvement with juvenile court		Often appears sad
	Physically abusive to self (scratches self, cutting, suicidal attempts)		Excessive tearfulness or crying
	Recurrent thoughts about death or preoccupation with death		Inappropriate expression of feelings (laughing at something sad)
	Suicidal thoughts or verbalized intentions		Severe mood changes (very sad to very happy)
	Sexually promiscuous		Pessimistic outlook toward the future
	Concerns about sexual identity		Poor personal hygiene (does not keep self clean or take an interest in appearance)
	Behaves like the opposite sex		Eating difficulties (vomiting, poor appetite, fear of trying new food, overeats, weight concerns)
	Inappropriate sexual behavior. Explain:		Enuretic (urinates on self during day or night)
			Encopretic (soils self)

	Tics (sudden, rapid, recurrent motor movements or vocalizations)
	Nervous mannerisms (nail biting, thumb sucking, rocking)
	Often appears tense and unable to relax
	Frequent physical complaints (headaches, stomachaches, nausea)
	Unrealistic fears. Explain:
	Overly concerned with future event
	Panic (feelings of intense fear/discomfort/choking with palpitations, tremors, shortness of breath etc.)
	Can't get their mind off certain thoughts
	Fears they may do something bad
	Strange thoughts or ideas. Explain:
	Hallucinations - visual or auditory. Describe:
	Concerned that people are out to get them
	Obsessions - unwanted ideas, images, or impulses that intrude on thinking against wishes and effort to resist them. (Unreasonable fear of contamination or danger, extreme concern with order, symmetry or exactness)

Name of person completing this form: _____

Relationship to child: _____

I do certify that all the foregoing information is true and complete.

SIGNATURE: _____ **DATE:** _____