



Child History Form

Child's name _____

Name of parent/legal guardian _____

Name of parent/legal guardian _____

Name of step-parent _____

Name of step-parent _____

Child's date of birth ____/____/____ Age ____

Gender _____

Ethnicity _____

Student @ _____ Grade ____

Please provide a # that is okay to leave a confidential message

Email address _____

Name of Pediatrician/Primary Care Physician _____

Name of Psychiatrist _____

Areas of concern that you have for your child. Please check all that apply.

- ☐ School/Academics
- ☐ Stress
- ☐ Family relationships
- ☐ Grief/Loss
- ☐ Depression
- ☐ Anxiety
- ☐ Eating/body image
- ☐ Self-esteem
- ☐ Identity
- ☐ Other

Please explain:

What difficulties is your child currently experiencing?

How long have these difficulties been a concern?

How do these difficulties affect you and your family?

Are you receiving help for these difficulties anywhere else? Where? Is it helpful?

What do you hope to accomplish by participating in counseling? How will you know if you and your child are making progress?

Have you or anyone else in your family received counseling in the past? When? Was it for related or different difficulties? Was it helpful?

Is there anyone not present today that you would like included in future counseling sessions?

Family and Home Information

Parent(s) Marital Status: Single / Married / Live Together / Divorced / Widowed

If parents are divorced, what is the date of divorce (month, year)? _____

*Please note, consent for therapy is required of both parents if parents are divorced and both have legal custody. Participation by one or both parents in the initial session is required.

What are the names and ages of all people living in your home? What is his/her relationship to the client?

Are there any other immediate family members who don't live with you?

Health Information

Does your child have any medical conditions or health problems? If so, is he/she receiving treatment?

Please list any medications your child is currently taking.

Has your child ever been hospitalized for psychiatric treatment? If so, when and where was he/she hospitalized?

Please list any immediate or extended family members who have had mental illness or substance abuse issues.

Has your child ever attempted suicide or engaged in any self-harm? If yes, please provide details of either or both.

Do you believe your child currently drinks alcohol? Approximately how many drinks per week?

Do you believe your child currently uses recreational drugs? How often?

Social, Spiritual and Cultural Information

Who are your child's primary supports in life? Please include both formal (e.g., groups, team) and informal (e.g., friends, family).

Is there any information you would like to share regarding your child's cultural background?

Is there any information you would like to share regarding your child's spiritual/religious beliefs and practices or any other significant aspects of his/her life?
