



Biographical Information—Child

Instructions: To assist me in helping you, please fill out this form as fully and openly as possible. All private information is held in strictest confidence within legal limits. If certain questions do not apply to you, leave them blank.

Personal History

- 1) Child Name: _____ 2) Date of Birth: _____ 3) Age: _____
- 4) Gender: ___M ___F 5) Grade: _____ Living with: _____
- 6) Weight: _____ 7) Height: _____ 8) Eye color: _____ 9) Hair color: _____ 10) Race: _____
- 11) Parent Name: _____
- 12) Address: _____
Street & Number
City
State
Zip
- 13) Confidential Phone: _____ 14) Alternate Confidential Phone: _____

Counseling History

- 15) Has your child received other counseling services at present?: ___ Yes ___ No
 If Yes, please briefly describe: _____

- 16) Has your child received counseling in the past?: ___ Yes ___ No
 If Yes, please briefly describe: _____

- 17) What is (are) the main reason(s) for this visit?: _____

- 18) How long has your child been having this problem (from #17)?: _____

- 19) Under what conditions do the symptoms usually get worse?: _____

- 20) Under what conditions do the symptoms usually improve?: _____

- 21) Has your child ever been hospitalized for a mental health condition or an addiction?



Medical History

- 22) Name and address of your child’s primary physician:
Physician’s name: _____
Address: _____
- 23) List any major illnesses and/or operations your child has had: _____

- 24) List any physical concerns your child is having at present: (e.g., asthma, hearing and vision concerns,etc.):

- 25) List any other physical concerns your child may have experienced in the past: _____

- 26) When was your child’s most recent complete physical exam?: _____
Results of physical exam: _____

- 27) On average how many hours of sleep does your child get daily?: _____
- 28) Does your child have trouble falling asleep at night?: No Yes If Yes, describe _____

- 29) Has your child gained/lost over ten pounds in the past year?: Yes No, gained lost
If Yes, was the gain/loss on purpose?: Yes No
- 30) Describe your child’s appetite (during the past week):
 poor appetite average appetite large appetite
- 31) What medications (and dosages) is your child taking at present, and for what purpose?:
Medication Purpose

Religious Concerns

- 32) What is your family or child’s present religious affiliation?:
 1) Christian
 2) Muslim
 3) Jewish
 4) None, but I believe in God
 5) Atheist or agnostic
 6) Other (please specify) _____



33) How important is religious commitment to your child?:

Unimportant			Average			Extremely
			importance			important
1	2	3	4	5	6	7

34) Do you desire to have your religious beliefs and values incorporated into your child’s counseling process?:
 __Yes __No __Not sure (If Yes, please explain) _____

Family History

35) Mother’s age:_____ If deceased, how old was your child when she died?:_____

36) Father’s age:_____ If deceased, how old was your child when he died?:_____

37) If parents are separated or divorced, how old was your child at the time of divorce?:_____

38) Number of brother(s) _____ Their ages _____

39) Number of sister(s) _____ Their ages _____

40) Birth order of your child _____ in a family of _____ children.

41) Was your child adopted or raised with parents other than their natural parents?: Yes___ No___

42) Briefly describe your child’s relationship with his/her brothers and/or sisters:_____

43) Which of the following best describes your family dynamics?:

WARM AND				AVERAGE			HOSTILE AND
ACCEPTING							FIGHTING
1	2	3	4	5	6	7	8
							9

School History

44) Grades at school: A___ B___ C___D___ F___

45)Behavior Concerns At School? ___Yes ___No

46) Has your child’s grades recently dropped or have been negatively impacted? ___Yes ___No

47) History of drug abuse or addiction? ___Yes ___No

48)History of suspensions or detention? ___Yes ___No

49) Family History of Drug Abuse or Addictions? ___Yes ___No

50) Family History of Learning Problems? ___Yes ___No

Please Explain:_____



- 53) List your child's five greatest strengths:
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
- 54) List your child's five greatest weaknesses:
- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
- 55) List your child's main social difficulties: _____

- 56) List your child's main difficulties at school: _____

- 57) List your child's main difficulties at home: _____

- 58) List your child's behaviors that you would like to see change: _____

- 59) Additional information you believe would be helpful: _____

