

Biographical Information - Child

Instructions: Please fill out this form as fully and openly as possible. All information is held in strictest confidence within legal limits. If certain questions do not apply, leave them blank.

Information provided by: _____ Relationship: _____

Today's Date: _____

Personal History

1. Child's Name: _____ 2. Age: _____ 3. Gender: ___M ___F ___Other

4. Race/Ethnicity: _____ 5. Date of Birth: _____ 6. SSN# (for insurance billing): _____

6. Name of School/Grade: _____

7. Home Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

8. Phone: (Home) _____ (Work) _____ (Cell) _____

9. Person to Contact in Case of an Emergency: _____

10. Best Way to Reach Them: _____

11. Health Insurance (name, policy/member/group #, phone number, contact person): _____

12. Who lives in the home with child? _____

13. Has the child previously been involved in therapy/counseling? ___Y ___N
If yes, please describe what worked, what didn't: _____

14. Why is the child coming to therapy? _____

15. How long has this issue be going on? _____

16. Under what conditions does the issue/problem get worse? _____

17. Under what conditions does the issue/problem get better? _____

Medical History

16. Primary Care Physician's Name: _____

17. Physician's contact information:

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____

18. Most recent physical exam date: _____ 19. Results: _____

20. Names of other significant health professionals: _____

21. List any major illnesses and/or operations: _____

22. List any physical concerns occurring at present: (e.g., high blood pressure, headaches) _____

23. List any physical concerns in past: (e.g., head injury, seizures) _____

24. List any emotional concerns occurring at present: (e.g., crying, fearful) _____

25. List any emotional concerns in past: (e.g., angry, timid) _____

26. Does child have a history of psychiatric hospitalizations? _____N _____Y

If yes, where and when? _____

27. Does child have a history of suicidal/homicidal tendencies or self-harming behaviors? _____N _____Y Please describe: _____

28. On average, how many hours does the child sleep daily? _____

29. Does the child have trouble falling asleep at night? _____N _____Y

If yes, how long has this been a problem? _____

30. Does the child report having any nightmares or significant dreams? ____N ____Y
If yes, please describe:_____

31. Describe the child's current appetite: ____Poor ____Average ____Large
Is this atypical? ____N ____Y

32. How many meals/snacks does child eat per day?_____

33. Does the family eat together?_____

34. Describe a typical breakfast:_____

lunch:_____

dinner:_____

snacks:_____

35. What medications, vitamins, and herbs (and dosages) is child taking at present, and for what purposes?

Family History

36. Parent's age: ____ If deceased, how old was child when parent died?_____

37. Other parent's age: ____ If deceased, how old was child when parent died?_____

38. What is the family relationship between the child and his/her parents?
____Single parent mother ____Single parent father ____Parents unmarried
____Parents married/together ____Parents divorced ____Parents separated
____With mother & stepfather ____With father & stepmother ____Foster care
____Child lives w/adoptive family ____Joint custody ____One parent deceased
____Same-sex parents
____Lives with other family members/friends, who?_____

39. If parents are separated or divorced, how old was child?_____

40. Is child adopted or raised with parents other than biological parents? ____N ____Y

41. Please describe child's birth or adoption story: _____

42. Was child's arrival in your life ____planned ____unplanned?

43. How did you feel when this child joined your family? ____happy ____sad ____angry
____confused ____surprised ____rejecting ____accepting ____bonded ____unbonded

44. Was child breast-fed or bottle-fed?_____ For how long?_____

45. Number of brother(s): _____ Names/Ages _____
Number of sister(s): _____ Names/Ages _____

46. Briefly describe the child's relationship with siblings.
Biological siblings: _____
Step and/or half-siblings: _____
Other: _____

47. Parents' occupation(s): _____

48. Briefly describe the style of parenting used in the household: _____

49. Is there a recent or past history of abuse to this child? ___Y___N
If yes, ___Verbal___Physical___Sexual___Emotional
If known, who was the perpetrator? _____
Does child still have contact with the perpetrator? _____

50. Do any family members have a history of physical or mental illness, including substance abuse?
Who? _____
What illness(es)? _____

Developmental History

51. Briefly describe any problems in the mother's pregnancy and/or childbirth: _____

52. List any drugs used by parents at conception, and mother at time of pregnancy: _____

53. Please fill in when the following developmental milestones occurred:

| Behavior | Age Began | Comments |
|----------------|-----------|----------|
| Smiling | _____ | _____ |
| Rolling Over | _____ | _____ |
| Crawling | _____ | _____ |
| Walking | _____ | _____ |
| Talking | _____ | _____ |
| Toilet Trained | _____ | _____ |

54. Please rate your opinion of the child's development (compared to other children same age):

| | Below average | Average | Above average |
|--------------|---------------|---------|---------------|
| Social | _____ | _____ | _____ |
| Physical | _____ | _____ | _____ |
| Verbal | _____ | _____ | _____ |
| Intellectual | _____ | _____ | _____ |

Emotional _____

55. List child's three greatest strengths:

1. _____
2. _____
3. _____

56. List child's three greatest challenges or areas in need of improvement:

1. _____
2. _____
3. _____

57. Describe child's main strengths/difficulties in daycare/school: _____

58. Briefly describe child's friendships: _____

59. For a school-age child, what report card grades does s/he usually receive? _____

Have these changed lately? _____ N _____ Y If yes, how? _____

60. Briefly describe child's likes: _____

Any special toys? _____

61. Briefly describe child's dislikes: _____

62. Describe how child is disciplined: _____

63. For what reasons is the child disciplined: _____

Behaviors of Concern

64. Please check how often the following behaviors occur.

- | | | | | |
|-----------------------------------|-------------|--------------|-----------------|------------------|
| 1. Loses temper easily | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 2. Argues with adults | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 3. Refuses adults' requests | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 4. Annoys on purpose | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 5. Blames others for own mistakes | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |
| 6. Easily annoyed by others | _____ Never | _____ Rarely | _____ Sometimes | _____ Frequently |

| | | | | | | | | |
|---|-------|-------|-------|--------|-------|-----------|-------|------------|
| 7. Angry/resentful | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 8. Spiteful/vindictive | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 9. Defiant | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 10. Bullies/teases | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 11. Initiates fights | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 12. Uses a weapon | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 13. Physically cruel to people | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 14. Physically cruel to animals | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 15. Steals | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 16. Forces sexual activity on others | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 17. Intentional arson | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 18. Burglary | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 19. "Cons" others | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 20. Runs away | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 21. Truant at school | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 22. Doesn't pay attention to details | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 23. Makes careless mistakes | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 24. Doesn't listen when spoken to | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 25. Doesn't finish tasks | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 26. Difficulty with organization | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 27. Loses things | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 28. Easily distracted | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 29. Forgetful | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 30. Fidgety/squirmy | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 31. Runs/climbs excessively | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 32. Difficulty playing by self | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 33. Lots of unfocused energy | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 34. Interrupts others | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 35. Problems pronouncing words | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 36. Poor grades in school | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 37. School expulsion | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 38. Substance abuse | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 39. Depression | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 40. Shy/avoidant/ withdrawn | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |

| | | | | | | | | |
|--------------------------------------|-------|-------|-------|--------|-------|-----------|-------|------------|
| 41. Suicide threats/ attempts | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 42. Fatigued | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 43. Anxious/nervous | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 44. Excessive worrying | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 45. Sleep disturbance | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 46. Panic attacks | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 47. Mood shifts | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 48. Impulsive | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 49. Resists physical contact | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 50. Overly clingy | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 51. Has difficulty in transitions | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 52. Has trouble saying goodbye | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 53. Cries a lot | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 54. Uses touch inappropriately | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 55. Overly-friendly toward strangers | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |
| 56. Hurts self | _____ | Never | _____ | Rarely | _____ | Sometimes | _____ | Frequently |

65. Briefly describe the child's way of expressing the following emotions or behaviors. What body signals are used?

Anger: _____
Happiness: _____
Sadness: _____
Anxiety: _____

66. How does the child seek attention? _____

67. Is there anything else you would like to share? _____

Parent/Guardian Signature: _____

Therapist Signature: _____

Please remember to return this form to The Mariposa Center when complete. Thank you!