

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 been 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. Does child have an Individualized Education Plan, 504, or Behavioral Intervention Plan?

_____ N _____ Y (If yes, please circle which one)

Has child ever been assessed for any of the above _____ N _____ Y

61. Briefly describe child's likes: _____

Any special toys? _____

62. Briefly describe child's dislikes: _____

62. Describe how child is disciplined: _____

64. For what reasons is the child disciplined: _____

Behaviors of Concern

65. 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/	_____	Never	_____	Rarely	_____	Sometimes	_____	Frequently

attempts

42. Fatigued _____ Never _____ Rarely _____ Sometimes _____ Frequently

43. Anxious/nervous _____ Never _____ Rarely _____ Sometimes _____ Frequently

44. Excessive _____ Never _____ Rarely _____ Sometimes _____ Frequently

worrying

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 _____ Never _____ Rarely _____ Sometimes _____ Frequently

contact

50. Overly clingy _____ Never _____ Rarely _____ Sometimes _____ Frequently

51. Has difficulty in _____ Never _____ Rarely _____ Sometimes _____ Frequently

transitions

52. Has trouble saying _____ Never _____ Rarely _____ Sometimes _____ Frequently

goodbye

53. Cries a lot _____ Never _____ Rarely _____ Sometimes _____ Frequently

54. Uses touch _____ Never _____ Rarely _____ Sometimes _____ Frequently

inappropriately

55. Overly-friendly _____ Never _____ Rarely _____ Sometimes _____ Frequently

toward strangers

56. Hurts self _____ Never _____ Rarely _____ Sometimes _____ Frequently

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

Anger: _____

Happiness: _____

Sadness: _____

Anxiety: _____

67. How does the child seek attention? _____

68. 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!

