



CHILD/ADOLESCENT LIFE HISTORY Questionnaire

The purpose of this questionnaire is to obtain a comprehensive understanding of your child – his/her life experience and background. In answering the following questions as accurately and completely as you can, you will facilitate in the development of a treatment plan that is best suited to your child’s individual needs. If you would rather not answer a question, simply leave it blank or write, “do not want to answer.” Use N/A where not applicable.

DATE: _____

CHILD’S NAME: _____

SEX: (M) _____ (F) _____ AGE: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Name of person completing the form (please print): _____

Relationship to child: _____

In case of emergency, contact

Name: _____ Relationship: _____

Phone (home): _____ (work) _____ (other) _____

Address (street, city, state, ZIP): _____

Presenting Problems: (check all that apply)

- | | | |
|----------------------|----------------------------|--------------------|
| Sad, very unhappy | Moody | Angry, defiant |
| Cries frequently | Acts without thinking | Stealing |
| Irritable | Stubborn | Lying |
| Temper tantrums | Disobedient | Sexual acting out |
| Withdrawn, loner | Infantile | School performance |
| Daydreaming | Mean to others, bullies | Truancy |
| Fearful | Destructive | Bed wetting |
| Worries | Trouble with the law | Soiled pants |
| Clumsy | Running away | Eating problems |
| Overactive | Self-mutilating | Overweight |
| Slow | Head banging | Stomachaches |
| Short attention span | Rocking | Sleeping problems |
| Distractible | Shy | Nightmares |
| Lacks initiative | Avoids adults | Often ill |
| Lazy | Strange, unusual thoughts | Drug use |
| Undependable | Strange, unusual behaviors | Alcohol use |
| Peer conflict | Tics or twitches | Fire setting |
| Phobic | Eye blinking, jerking | Suicide talk |

Are there any other problems not listed above? _____

How long have these problems occurred? (number of weeks, months, years) _____

Problems perceived to be: _____ very serious _____ serious _____ somewhat serious _____ not serious

What are your expectations of your child? _____

What changes would you like to see in your child? _____

Current Family Situation:

MOTHER – Relationship to child _____ natural parent _____ relative

_____ step-parent _____ adoptive parent

Occupation _____ Education _____

Birthplace _____

FATHER – Relationship to child _____ natural parent _____ relative
_____ step-parent _____ adoptive parent

Occupation _____ Education _____

Birthplace _____

Marital History of Parents:

Natural Parents: _____ married when _____ ages _____
_____ separated when _____
_____ divorced when _____
_____ deceased M or F _____

Step Parents: _____ married when _____

If child is adopted: Reason and circumstance: _____

Age when child first in home: _____

Date of legal adoption: _____

Does child know of adoption? _____

Living Arrangements:

Places

Dates

Number of moves in child's life: _____

Present home: _____ condo _____ house _____ apartment _____ other: _____

Does the child share a room with anyone else? _____ Yes _____ No *If yes, with whom?* _____

If no, how long has he/she had own room? _____

Was the child ever placed, boarded, or lived away from the family? _____ Yes _____ No Explain: _____

Has either parent ever been separated from the child (i.e. long hospitalization, marital separation, divorce, etc.)? _____ Yes _____ No Explain: _____

Age of child at time of separation _____

BROTHERS and SISTERS: (indicate if step-brothers or step-sisters)

Name	Age	Sex	School or Occupation	Present Grade	Living at home (yes or no)	Use drugs or alcohol (yes or no)	Treated for drug abuse (yes or no)

Others living in the home (and their relationship to child): _____

Does or did any member of the child's family have any problems with:
_____ reading _____ spelling _____ math _____ speech _____ depression _____ anxiety
_____ self-destructive behavior _____ Schizophrenia _____ attempted or committed suicide
If yes, please explain: _____

Any major family changes (losses, illnesses, deaths, births, etc.)? _____
_____ Age of child at time of change _____

Developmental History:

Prenatal – Was child wanted? _____ Yes _____ No Planned for? _____ Yes _____ No
Paternal support and acceptance (explain): _____
If mother was ill or upset during pregnancy, explain: _____

Check any that were used during pregnancy: _____ Tobacco _____ Alcohol _____ Drugs
Birth: _____ Full term _____ Premature
Length of labor: _____ hours/mins.
Type of delivery: _____ Normal _____ Breech _____ Cesarean _____ Other: _____

Condition of child at birth: _____

Was it necessary to give the child oxygen? _____ Yes _____ No

At what age did your child: _____ Walk alone _____ Spoke single words _____ Sentences

At what age was your child toilet trained? _____ Was this difficult? _____ Yes _____ No

Has your child ever experienced injuries, illnesses, or hospitalizations apart from the normal childhood illnesses?
_____ Yes _____ No Please describe (including age at time of experience): _____

Is your child currently taking any medications? _____ Yes _____ No *If yes, please explain:*

<u>Name of medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Reason</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child ever talked about or attempted suicide? _____ Yes _____ No Explain: _____

Is there a history of sexual abuse or physical abuse? _____ Yes _____ No _____ Not sure

If yes, what age? _____

Do you have knowledge of or think your child is using drugs, alcohol, and/or cigarettes?

_____ Yes _____ No Explain: _____

Primary Care Physician (Name, Address, Phone Number): _____

FOR GIRLS:

Menstrual period: _____ Age of first period: _____ Problems: _____

Pregnancies: _____ Yes _____ No

Terminated Pregnancies: _____ Yes _____ No *If yes, how many?* _____

Education:

Name of School	City/State	Dates Attended:		Grades completed at this school
		From:	To:	

Preschool _____

Elementary _____

Middle School _____

High School _____

Type of classes: _____ regular _____ learning disability _____ continuation
_____ emotionally handicapped _____ other: _____

What grade is he/she in? _____ How much does he/she like school? _____

Did child skip a grade? _____ Yes _____ No Repeat a grade? _____ Yes _____ No

If yes, what grade(s)? _____

Please describe any difficulties your child is experiencing in school, or has experienced in the past: _____

Has your child had special testing in school? (If yes, what were the results? _____)

Psychological _____ Yes _____ No Vocational _____ Yes _____ No Special Ed _____ Yes _____ No

Has your child ever received psychiatric or counseling services? _____ Yes _____ No

If yes, please explain: _____

Academic Performance:

Highest grade on last report card and subject/class? _____

Lowest grade on last report card and subject/class? _____

Favorite subject? _____

Least favorite subject? _____

Does child participate in extracurricular activities? _____ Yes _____ No

Explain: _____

List child's special interests, hobbies, skills: _____

What are child's educational aspirations? _____ quit school
 _____ graduate from high school
 _____ go to college
 _____ other: _____

Social Development:

Relationship to siblings and peers (check all that apply):

_____ individual play _____ group play _____ competitive
 _____ cooperative _____ leader _____ follower

How many friends of child have? _____ a lot _____ a few _____ none

Describe special habits, fears, or idiosyncrasies of the child: _____

Has the child ever had difficulty with the police? _____ Yes _____ No *If yes, explain:* _____

Has child ever appeared in juvenile court? _____ Yes _____ No *If yes, explain:* _____

Has the child ever been on probation? _____ Yes _____ No

<u>From</u>	<u>To</u>	<u>Reason</u>	<u>Probation Officer</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has child ever been employed? _____ Yes _____ No

<u>Job</u>	<u>Employer</u>	<u>How long</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL COMMENTS – Please include any additional information that you feel would be helpful in the understanding of your child’s situation.

Signature of person completing the form _____ Date _____

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