

FAMILY/CHILD INFORMATION FORM

Date: _____ Name of person filling this form out: _____

Child's name: _____ Birthdate: _____ Age: _____

Sex: ___ Male ___ Female Ethnic background: _____

Religion: _____

Home address: _____ Phone: (H) _____

_____ (W) _____

_____ (other) _____

City State Zip

Who referred you for the testing/therapy? _____

Current school: _____ District: _____ Grade: _____

What is it about your child that concerns you?

When did you first become concerned?

FAMILY INFORMATION

Place of birth: _____ Was this child adopted? ___ Yes ___ No

Please list the **primary caretakers** with whom the child is currently living:

Name	Relationship	Age	Marital Status	Occupation	Ethnicity and Religion
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Please fill out the following section if different from above):

Names of biological parents: _____

City/state of current residence: _____

Ages: _____

Occupations: _____

Ethnicity: _____

Religion: _____

If parents are separated or divorced, who has custody of the child? _____

How often does the other parent see this child? ___ Weekly or more ___ 1-2x per month ___ Never

Please list all other persons (siblings, grandparents, etc.) currently living in the household with the child:

Name	Relationship	Age	Marital status	Occupation (or school grade)
1. _____	_____	____	_____	_____
2. _____	_____	____	_____	_____
3. _____	_____	____	_____	_____
4. _____	_____	____	_____	_____
5. _____	_____	____	_____	_____
6. _____	_____	____	_____	_____
7. _____	_____	____	_____	_____
8. _____	_____	____	_____	_____

List family members not living at home, the reason, and where they are living now:

Has the child ever lived with other adults? ___ Yes ___ No If yes, please describe:

Previous marriage of either parent, and if so, whom, date, and date of divorce:

Please list children of either parent, born or adopted prior to this marriage:

Name	Birthdate	Any health/school/emotional problems
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please describe your child's relationship with your extended family including grandparents. Are there other adults who have been important in your child's life?

Family income before taxes (if requesting fee reduction): _____

Are you receiving public assistance? ___ Yes ___ No

Parent occupations: Mother _____ Father _____

Please describe any involvement with cultural/ethnic/religious group affiliation that has been important in your family's life:

If these affiliations have caused any family conflicts, please describe:

Child's pediatrician: _____ (phone #): _____

Was this a planned pregnancy? Yes _____ No _____ Comments:

Was it a full-term pregnancy? Yes _____ No _____

Birth weight? _____

Were there any significant complications during your pregnancy or with the delivery of your child? _____
If yes, please describe:

Were there any significant complications during the neonatal period? _____ If yes, please describe:

Please describe any use of alcohol/drugs prescribed or otherwise taken by mother during pregnancy:

Has your child had or does he/she currently have any significant medical problems? _____ If yes, please describe below including conditions, and dates of illness/injury:

Is your child currently taking any medication? _____ If so, please list medication, condition, dosage, and who prescribed the medication:

Has any member of your family been a victim or perpetrator of physical or sexual abuse? Please describe by or toward whom and at what age. Was the abuse reported to the police and/or Social Services? Please describe your child's reaction to the situation:

Has your child ever received any previous psychological or educational testing? _____ If so, please describe (for what reason, when, results, diagnoses):

Has your child ever been diagnosed with a learning or psychological disorder? If so, please state diagnosis, treatment, tutoring:

Have any other family members ever been diagnosed with a learning or psychological disorder? If so, please state diagnosis, treatment, tutoring:

Has your child ever received any counseling or psychotherapy? _____ If so, please describe (for what reason, when, diagnosis, type of treatment):

How would you describe your child as (include strengths and weaknesses):

An infant (0-24 months)

A toddler (2-5 years)

A school-aged child (5-12 years):

Early adolescence (12-14 years)

Late adolescence (15-18 years)

Describe your child's basic dietary habits:

Describe your child's basic sleeping habits:

Describe your child's daily or weekly usage of electronics (computer, TV, internet, games):

Has your child ever experienced the loss of an important relationship? _____ If yes, please describe:

Have any members of the family ever suffered from a significant medical illness or injury? _____ If so, please describe:

Have any members of the **immediate** family ever had significant emotional or psychological difficulties? ____ If so, please describe (person, type of problem, when, treatment):

Have any members of the **extended** family ever had significant emotional or psychological difficulties? ____ If so please describe (person, type of problem, when, treatment):

Has your child or any member of you family ever had drug or alcohol problems? ____ If so, please describe (person, type of problem, when, treatment):

Please circle the number on the scale below which best describes the degree of happiness, everything considered, of your present marriage or current relationship. The middle point, "HAPPY", represents the degree of happiness most people get from marriage, and the scale gradually ranges on one side to those who are very unhappy, and on the other to those who experience extreme joy.

Very Unhappy				Happy			Perfectly Happy
1	2	3	4	5	6	7	

Please check off any of the following events that have happened in your family and state when:

	No	Yes	Date
Change of homes	____	____	_____
Death of a family member/friend	____	____	_____
Significant financial problems/ Loss of a job/income	____	____	_____
Significant housing problems	____	____	_____
Significant marital difficulties	____	____	_____

PLEASE DESCRIBE ANY OTHER IMPORTANT FAMILY STRESSORS, CURRENT OR PAST: