

Christian Family Care Agency

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History Form - Child

(To Be Completed By Parents)

Child's name: _____ Today's date _____

Age: _____ Birth date: _____ Sex: _____

Home address: _____
Street city state zip

Home telephone number: _____ School _____
Area code Number

Present placement of child (place check in appropriate bracket):

	<u>Column A</u> Adults with whom <u>Child is living</u>	<u>Column B</u> Non-residential adults <u>involved with child</u>
Natural mother	()__	()__
Natural father	()__	()__
Stepmother	()__	()__
Stepfather	()__	()__
Adoptive mother	()__	()__
Adoptive father	()__	()__
Foster mother	()__	()__
Foster father	()__	()__
Other (specify)	()__	()__

Place the number 1 or 2 next to each checked in Column A and provide the following information about each person:

1. Name: _____ Occupation: _____

Business name: _____ Business phone: _____

Business address: _____
Street City State Zip

2. Name: _____ Occupation: _____

Business name: _____ Business phone: _____

Business address: _____
Street City State Zip

Place the number 3 next to the person (checked in Column B on the previous page) who is most involved with the child and provide the following information:

3. Name _____

Home Address _____

Home Phone: _____ Occupation: _____

Business Name: _____ Business Phone: _____

Business address: _____
Street City State Zip

Source of referral:

Name _____

Business Address _____

Purpose of consultation (brief summary of the main problems) _____

PREGNANCY

Complications:

Excessive vomiting _____ hospitalization required _____

Excessive staining or blood loss _____

Threatened miscarriage _____

Infection(s) (specify) _____

Toxemia _____

Operation(s) (specify) _____

Other illness (es) (specify) _____

Smoking during pregnancy _____ average number of cigarettes per day _____

Alcoholic consumption during pregnancy _____

Describe if beyond an occasional drink _____

Medications taken during pregnancy _____

X-ray studies during pregnancy _____

Duration _____ (weeks)

DELIVERY

Type of labor: spontaneous_____ induced

Forceps: high_____ mild_____ low

Duration of labor_____hours

Type of delivery: vertex (normal)_____ breech_____ Caesarean

Complications: cord around neck

cord presented first

Hemorrhage

Infant injured during delivery

Other (specify)_____

Birth weight

Appropriate for gestational age (AGA)

Small for gestational age (SGA)

POST-DELIVERY PERIOD (while in the hospital)

Respiration: immediate _____ delayed (if so, how long)_____

Cry: immediate _____ delayed (if so, how long) _____

Mucus accumulation _____

Apgar score (if known) _____

Jaundice _____

Rh Factor _____ transfusion _____

Cyanosis (turned blue) _____

Incubator care _____ Number of days _____

Suck: strong _____ weak _____

Infection (specify) _____

Vomiting _____ diarrhea _____

Birth defects (specify) _____

Total number of days baby was in the hospital after the delivery _____

INFANCY-TODDLER PERIOD

Were any of the following present, to a significant degree, during the first few years of life? If so, describe.

- Did not enjoy cuddling _____
- Was not calmed by being held and/or stroked _____
- Colic _____
- Excessive restlessness _____
- Diminished sleep because of restlessness and easy arousal _____
- Frequent head banging _____
- Constantly into everything _____
- Excessive number of accidents compared to other children _____

DEVELOPMENTAL MILESTONES

If you can recall, record the age at which your child reached the following developmental milestones.

If you cannot recall, check item at right.

- | | | |
|---|------------|---|
| | <u>age</u> | I cannot recall exactly, but to the best of my recollection it occurred |
| | | <u>early</u> <u>at the normal time</u> <u>late</u> |
| Smiled _____ | | |
| Sat without support _____ | | |
| Crawled _____ | | |
| Stood without support _____ | | |
| Walked without support _____ | | |
| Spoke first words besides "ma-ma" and "da-da" _____ | | |
| Said phrases _____ | | |
| Said sentences _____ | | |
| Bowel trained, day _____ | | |
| Bowel trained, night _____ | | |
| Bladder trained, day _____ | | |
| Bladder trained, night _____ | | |
| Rode tricycle _____ | | |
| Rode bicycle (without training wheels) _____ | | |
| Buttoned clothing _____ | | |
| Tied shoelaces _____ | | |
| Named colors _____ | | |
| Named coins _____ | | |
| Said alphabet in order _____ | | |
| Began to read _____ | | |

COORDINATION

Rate your child on the following skills:

	<u>Good</u>	<u>Average</u>	<u>Poor</u>
Walking _____			
Running _____			
Throwing _____			
Catching _____			
Shoelace tying _____			
Buttoning _____			
Writing _____			
Athletic abilities _____			

COMPREHENSION AND UNDERSTANDING

Do you consider your child to understand directions and situations as well as other children his or her age? _____ If not, why not? _____

How would you rate your child's overall level of intelligence compared to other children?
 Below average _____ Average _____ Above average _____

SCHOOL

Rate your child's school experiences related to academic learning:

	Name of school & phone number	Good	Average	Poor
Day care				
Nursery school				
Kindergarten				
Current grade				

How many hours a day does your child attend school and/or daycare/preschool? _____

To the best of your knowledge, at what grade level is your child functioning:

reading _____ spelling _____ arithmetic _____

Has your child ever had to repeat a grade? If so, when _____

Present class placement: regular class _____ special class (if so, specify) _____

Kinds of special therapy or remedial work your child is currently receiving _____

Describe briefly any academic school problems _____

Rate your child's school experience related to behavior:

	Name of school	Good	Average	Poor
Day care				
Nursery school				
Kindergarten				
Current grade				

Does your child's teacher describe any of the following as significant classroom problems?

Doesn't sit still in his or her seat _____

Shouts out; doesn't wait to be called upon _____

Won't wait his or her turn _____

Does not cooperate well in group activities _____

Typically does better in a one-to-one relationship _____

Doesn't respect the rights of others _____

Doesn't pay attention during storytelling _____

Describe briefly any other classroom behavioral problems _____

PEER RELATIONSHIPS

Does your child seek friendships with peers? _____

Is your child sought by peers for friendship? _____

Does your child play primarily with children his or her own age? _____ younger _____ older

Describe briefly any problems your child may have with peers _____

INTERESTS AND ACCOMPLISHMENTS

What are your child's main hobbies and interests? _____

What are child's areas of greatest accomplishment? _____

What does your child enjoy doing most? _____

What does your child dislike doing most? _____

MEDICAL HISTORY

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information.

Childhood diseases (describe any complications) _____

Operations _____

Hospitalizations for illness (es) other than operations _____

Head injuries _____

With consciousness _____

Without consciousness _____

Convulsions _____

 With fever _____ Without fever _____

Coma _____

Meningitis or encephalitis _____

Immunization reactions _____

Persistent high fevers _____ highest temperature ever recorded _____

Eye problems _____

Ear problems _____

Poisoning _____

PRESENT MEDICAL STATUS

Present height _____ present weight _____

Present illness (es) for which child is being treated _____

Medications child is taking on an ongoing basis _____

FAMILY HISTORY - MOTHER

Current Age _____ Age at time of pregnancy with patient _____

Number of previous pregnancies _____ Number of spontaneous abortions (miscarriages) _____

Number of induced abortions _____

Fertility problems (specify) _____

School:

Highest grade completed _____

Learning problems (specify) _____

Behavior problems _____

Medical problems (specify) _____

Have any of your blood relatives (not including siblings) ever had problems similar to those your child has? No, Yes. If yes, please describe _____

FAMILY HISTORY – FATHER

Current Age _____ Age at the time of the patient’s conception _____

Fertility problems (specify) _____

School:

Highest grade completed _____

Learning problems (specify) _____

Behavior problems _____

Medical problems (specify) _____

Have any of your blood relatives (not including siblings) ever had problems similar to those your child has? No, Yes. If yes, please describe _____

ASSESSMENT INDICATOR FOR CHILDREN/ADOLESCENTS

Parents: It will be helpful to the counseling process to know if your child exhibits any of the following behaviors, or feelings that apply. When marking the form, consider all parts of your child's life (at school, at home, etc.)

For the behaviors listed below, in the space provided at the left, please **check** any behaviors, which apply, **stating when problem(s) identified began:**

- Child avoids tasks requiring sustained mental effort.
- Child experiences difficulty organizing tasks or activities.
- Child is forgetful in normal daily activities.
- Child is easily distracted by external stimuli.
- Child has difficulty following directions.
- Child has difficulty paying attention to tasks (may shift from one uncompleted task to another.)
- Child loses things needed for tasks or activities.
- Child makes careless mistakes or fails to pay attention to details.
- Child often fails to listen.
- Child's actions often are physically dangerous.
- Child often talks excessively.
- Child has problems playing quietly.
- Child has problems remaining seated when required to do so.
- Child fidgets with hands or feet, squirms in seat.
- Child always on the go as if "driven by motor."
- Child blurts out answers to question before question is completed.
- Child frequently interrupts others.
- Child has problems waiting turn at play or other activities.

For the behaviors listed below, in the space provided at the left, please **check** any behaviors, which apply, **stating when problem(s) identified began:**

- Child often loses temper.
- Child frequently argues with adults.
- Child often refuses to comply with adult requests or defies authority figures and /or rules.
- Child deliberately annoys others.
- Child blames others for his/her mistakes – will not admit responsibility.
- Child is often touchy or easily annoyed.
- Child is often spiteful or vindictive.
- Child is often angry or resentful.

For the behaviors listed below, in the space provided at the left, please **check** any behaviors, which apply, **stating when problem(s) identified began:**

- Child bullies, threatens or intimidates others.
- Child is physically cruel to other people.
- Child is often initiates physical fights.
- Child is physically cruel to animals.
- Child has forced another person into sexual activity.
- Child has used a weapon in a fight.
- Child has stolen with confrontation of the victim.
- Child has deliberately destroyed another's property.
- Child is deliberately fire setting.
- Child is often truant from school.
- Child stays out at night without parental consent (under age 13)
- Child has run away overnight at least 2 times in past. (3 in < year).

For the behaviors listed below, in the space provided at the left, please **check** any behaviors, which apply, **stating when problem(s) identified began:**

Anxiety or excessive worries with inability to control same with –

- Feelings of restlessness or “being on edge;”
- Easily fatigued;
- Difficulty concentrating;
- Irritability;
- Sleep disturbance – unable to fall asleep or restless sleep;
- Muscular tension.

For the behaviors listed below, in the space provided at the left, please **check** any behaviors, which apply, **stating when problem(s) identified began:**

(Also, indicate if the duration has been **MORE** or **LESS** than 1 month.)

- Child has experienced or witnessed event in which individual or others felt threatened with death or significant injury.
- Child has intense fear, horror, helplessness and/or agitated behavior related to event or trauma.
- Child has recurrent ~~intrusive~~ memories of event or trauma.
- Child has recurring, distressing dreams related to traumatic event.
- Child has sense of reliving traumatic event.
- Child has psychological distress to internal or external cues of event, examples and clarification
- Child has physiological distress to cues associated with trauma.
- Child makes efforts to avoid thought and/or feeling related to event.
- Child has inability to recall aspect(s) of event or trauma.
- Child has loss of interest in significant activities previously enjoyed.
- Child feels detached or separate from others.
- Child has problems expressing strong emotions.
- Child makes effort to avoid activities, places or people that remind him/her of the trauma.

- Child has sense of foreshortened future.
- Child has difficulty falling asleep or restless sleep patterns.
- Child experiences hypervigilance – feeling a need to be “on guard”.
- Child has exaggerated startle response.
- Child is irritable or experiences frequent outbursts of anger.
- Child has difficulty concentrating.
- Child’s symptoms create significant problems with normal functioning.

For the behaviors listed below, in the space provided at the left, please **check** any behaviors, which apply, **stating when problem(s) identified began:**

- Child is depressed or irritable most of the day (nearly every day) OR
- Child shows diminished pleasure in normally enjoyable activities WITH
- Frequent suicidal thoughts and/or previous suicide attempt;
- Lack of appetite (weight loss) or overeating (weight gain);
- Insomnia or excessive sleep;
- Fatigue or decreased level of energy;
- Difficulty concentrating or problems making decisions;
- Excessive guilt or reported sense of worthlessness;
- Agitation or retardation in psychomotor activities as observed by others.

For the behaviors listed below, in the space provided at the left, please **check** any behaviors, which apply, **stating when problem(s) identified began:**

- Child has unrealistic or persistent worry about possible harm to family.
- Child has excessive unrealistic worry that calamitous event will occur and subsequently separate child and family.
- Child frequently refuses to attend school.
- Child often refuses to sleep alone.

_____ Child experiences recurring nightmares with themes of separation.

_____ Child has frequent somatic complaints of aches and pains

_____ Child avoids being left alone, and expresses extreme fears regarding same.

_____ Child becomes overly upset if separated from home or major attachment figures.

Signature of Parent or Guardian

Date

Signature of Therapist

Date