

Suzanne Etheridge, MFT

Biographical Information Form—Child

Instructions: To assist us in helping your child, please fill out this form as fully and openly as possible. All private information is held in strictest confidence within legal limits. If certain questions do not apply to the child, leave them blank.

Information supplied by: _____ Relationship: _____

Personal History

- 1) Child's name: _____ 2) Age: _____ 3) Gender: ___ M ___ F
4) Weight: _____ 5) Height: _____ 6) Eye color: _____ 7) Hair color: _____ 8) Race: _____
9) Address: _____ City: _____ State: _____ Zip: _____
10) Today's date: _____ 11) Date of birth: _____
12) Home phone: _____ 13) Year in school: _____
14) Has the child been involved in previous counseling? _____ Yes _____ No
If Yes, please describe: _____

15) Why is the child coming to counseling? _____

16) How long has this problem persisted (from #15)? _____
17) Under what conditions do the problems usually get worse? _____

18) Under what conditions are the problems usually improved? _____

Medical History

- 19) Name and address of your primary physician:
Physician's name: _____
Address: _____ City: _____ State: _____ Zip: _____
Most recent physical exam: _____ Results: _____
20) List any major illnesses and/or operations: _____

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

22) List any physical concerns (e.g., head trauma, seizures) experienced in the past: _____

23) On average how many hours does the child sleep daily? _____

- 24) Does the child have trouble falling asleep at night? Yes No
 If Yes, how long has this been a problem? _____
- 25) Describe the child's appetite (during the past week):
 poor appetite average appetite large appetite
- 26) What medications (and dosages) are you taking at present, and for what purpose? _____

Family History

- 27) Mother's age: _____ If deceased, how old was the child when she passed away? ____
- 28) Father's age: _____ If deceased, how old was the child when he passed away? ____
- 29) If parents separated or divorced, how old was the child then? _____
- 30) Number of brother(s) ____ Their ages: _____
- 31) Number of sister(s) ____ Their ages: _____
- 32) I was child number _____ in a family of _____ children.
- 33) Is the child adopted or raised with parents other than biological parents? Yes No
- 34) Briefly describe the child's relationship with brothers and/or sisters:

Biological siblings: _____

Step and/or half siblings: _____

Other: _____

- 35) What is the family relationship between the child and his/her custodial parents?
 Single parent mother Single parent father Parents unmarried
 Parents married, together Parents divorced Parents separated
 With mother and stepfather With father and stepmother
 Child adopted Other, describe: _____

- 36) Is there a history or recent occurrence(s) of child abuse to this child? Yes No
 If Yes, which type(s) of abuse? _____ Verbal _____ Physical _____ Sexual _____

Comments: _____

- 37) Parents' occupations: Mother: _____ Father: _____

- 38) Briefly describe the style of parenting used in the household: _____

Developmental History

39) Briefly describe any problems in the child's mother's pregnancy and/or childbirth: _____

40) Please fill in when the following developmental milestones took place?

Behavior	Age began	Comments
Walking	_____	_____
Talking	_____	_____
Toilet trained	_____	_____

41) List any drugs used by mother or father at time of conception, or by mother during pregnancy:

42) Please rate your opinion of the child's development (compared to others the same age) in the following areas:

	Below average	About average	Above average
Social	_____	_____	_____
Physical	_____	_____	_____
Language	_____	_____	_____
Intellectual	_____	_____	_____
Emotional	_____	_____	_____

For each type of development that you rated above as below average, please describe current areas of concern. Be specific.

43) List the child's three greatest strengths:

- 1) _____
- 2) _____
- 3) _____

44) List the child's three greatest weaknesses or needed areas of improvement:

- 1) _____
- 2) _____
- 3) _____

45) List the child's main difficulties in school:

- 1) _____
- 2) _____
- 3) _____

46) List the child's main difficulties at home:

- 1) _____
- 2) _____
- 3) _____

47) Briefly describe the child's friendships: _____

48) What report card grades does the child usually receive? _____

Have these changed lately? _____ Yes _____ No If Yes, how? _____

49) Briefly describe the child's hobbies and interests: _____

50) Describe how the child is disciplined: _____

51) For what reasons is the child disciplined: _____

Behaviors of Concern

52) Please check how often the following behaviors occur. Those occurring FREQUENTLY or of special concern may be described on the next page.

- | | | | | | | | | |
|--------------------------------------|-----|-------|-----|--------|-----|-----------|-----|------------|
| 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) Deliberately annoys people | ___ | 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 others | ___ | 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) Stealing | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 16) Forced sexual activity | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 17) Intentional arson | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 18) Burglary | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 19) "Cons" other people | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 20) Runs away from home | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 21) Truant at school | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 22) Doesn't pay attention to details | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 23) Several careless mistakes | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 24) Does not listen when spoken to | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 25) Doesn't finish chores/homework | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 26) Difficulty organizing tasks | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 27) Loses things | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 28) Easily distracted | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 29) Forgetful in daily activities | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 30) Fidgety/squirmy | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 31) Difficulty remaining seated | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 32) Runs/climbs around excessively | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 33) Difficulty playing quietly | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 34) Hyperactive | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 35) Difficulty awaiting turn | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 36) Interrupts others | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 37) Problems pronouncing words | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 38) Poor grades in school | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |

