New Hope
COUNSELING CENTER

Please complete each page and email your PDF to:
becky@newhopecounselingcenter.org

Child/Adolescent Identifying Data

Date: _____

Client's Name: _____ Nickname: _____

Address: _____

City: _____ State: _____Zip: _____

Home#: _____ Mobile #: _____

Birth Date: _____ Sex: _____ Age: _____ Email:_____

School:_____Grade: _____

Father's Name:_____ Age: _____

Email:_____

Employer: _____

Work Phone: _____Mobile:_____

Mother's Name: _____ Age: _____

Email:_____

Employer: _____

Work Phone: _____Mobile:_____

Insurance Co: _____ Phone: _____

Name of Policy Holder: _____Social Security #:_____

Other Members of Household:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Client Referred By: _____

New Hope Counseling Center
Administrative Office: 1363 Hwy A1A, Satellite Beach, Florida 32937 • Phone: (321) 777-0119 • Fax: (321) 773-0810

CHILDHOOD HISTORICAL DATA

Why did you bring your child here today? _____

_____

_____

MEDICAL HISTORY

1. This child's present state of health is: GOOD ☐ FAIR ☐ POOR ☐
2. Does she/he currently have any medical problems? NO ☐ YES ☐
   If you answered "yes," please indicate the nature of the problem(s):_____

   _____
3. When was s/he last treated by a Physician? Date_____
   Please indicate where: Private Practice ☐ Clinic ☐
   Name of Physician or Clinic: _____
   Address: _____
4. When did s/he receive his/her last physical? Date_____
   Name of Physician or Clinic:_____
   Address: _____
5. Do you have a family physician? NO ☐ YES ☐
   Name of Physician: _____
   Address: _____
6. Is s/he presently taking any medications- prescribed or over-the-counter? NO ☐ YES ☐
   If "yes" name the medication and how often taken: _____

   _____

   _____
7. Please check any of the following which have been a problem for you or your child:

☐ High or prolonged fever	☐ Shortness of breath
☐ Convulsions	☐ Low blood pressure
☐ Unconsciousness	☐ Ulcers
☐ Allergies	☐ Underweight
☐ High blood pressure	☐ Overweight
☐ Vision problems	☐ Epilepsy
☐ Stomach trouble	☐ Menstrual problems
☐ Dizziness	☐ Hernia
☐ Headaches	☐ Chronic cough

8. Family health history (blood relatives only). Please check all of the following which have occurred in your family and identify which family member (s):

	Which family member(s)
☐ Cancer	_____
☐ Tuberculosis	_____
☐ Diabetes	_____
☐ Heart Trouble	_____

☐ Stroke _____

☐ Epilepsy _____

☐ Alcoholism _____

☐ High BP _____

☐ Mental Illness _____

☐ Suicide _____

☐ Drug abuse _____

9. To your knowledge, has your child ever used any of the following:

☐ Pep pills or uppers ☐ Alcohol ☐ Tranquilizers ☐ LSD/Hallucinogens
☐ Marijuana ☐ Cocaine ☐ Nicotine (cigarettes, tobacco)
☐ Diet pills ☐ None

Other, Please Specify: _____

_____

10. Do you, or others, think your child now has a problem with any of the substance(s) checked above?

NO ☐ YES ☐ If "yes" please specify the substance (s) and state who thinks so: _____

_____

11. Does this child have any allergies? NO ☐ YES ☐ If "yes" please name the drug(s), food(s), or other substance(s) to which your child is allergic: _____

_____

CHILDHOOD HISTORICAL DATA

1. Was feeding development normal? ..... Yes ☐ No ☐
2. Did your child go to kindergarten? ..... Yes ☐ No ☐
3. Has your child's school history been normal? ..... Yes ☐ No ☐
4. Does your child get along well with other kids? ..... Yes ☐ No ☐
5. Does your child have "spells"? ..... Yes ☐ No ☐
6. Does your child complain of headaches? ..... Yes ☐ No ☐
7. Is your child clumsy? ..... Yes ☐ No ☐
8. Does your child bump into things or fall often? ..... Yes ☐ No ☐
9. Has your child ever had a head injury? ..... Yes ☐ No ☐
10. When was your child last seen by a physician? _____
11. Has the way your child talks changed lately? ..... Yes ☐ No ☐
12. Has your child's school work changed? ..... Yes ☐ No ☐
13. What subject(s) is your child good at in school? _____

_____

14. Subject(s) that your child is very poor at _____

15. Does your child sometimes have dizzy spells? ..... Yes ☐ No ☐
16. Does your child often vomit? ..... Yes ☐ No ☐
17. Does your child sometimes fall deeply asleep, even though it is not his/her bedtime? ..... Yes ☐ No ☐
18. Does your child have nightmares? ..... Yes ☐ No ☐
19. Does your child's memory seem to have changed recently? ..... Yes ☐ No ☐
20. Does your child's walk seem to have changed? ..... Yes ☐ No ☐
21. Does your child sometimes start crying for no apparent reason? ..... Yes ☐ No ☐
22. Does your child have temper tantrums? ..... Yes ☐ No ☐
23. Does your child wet the bed from time to time? ..... Yes ☐ No ☐
24. Does your child sometimes stare blankly into space? ..... Yes ☐ No ☐
25. Does your child sometimes start to say something and forget what he/she was saying? ..... Yes ☐ No ☐
26. Do you sometimes notice a muscle, or group of muscles, twitching in your child? ..... Yes ☐ No ☐
27. Does your child sleepwalk? ..... Yes ☐ No ☐
28. Does your child sometimes get so excited that it is hard to control him/her? ..... Yes ☐ No ☐
29. Describe any particular food(s) your child craves at time _____

_____

30. Is your child on any kind of medication? ..... Yes ☐ No ☐
31. Does your child lie or steal? ..... Yes ☐ No ☐
32. Has your child been known to set fires or play with matches? ..... Yes ☐ No ☐
33. Is there any adult that your child is terrified of? ..... Yes ☐ No ☐
34. Any child? ..... Yes ☐ No ☐
35. Has your child been known to engage in sexual play? ..... Yes ☐ No ☐
36. Does your child sleep alone? ..... Yes ☐ No ☐
37. Does your child sometimes complain of stomach cramps or pains? ..... Yes ☐ No ☐
38. Describe the thing your child does for which he/she receives the greatest punishment:

_____

_____

_____

39. List major illness, injuries, and/or surgeries (state age at time):

_____

_____

_____

EARLY DEVELOPMENT

1. Did the mother of the child have any difficulties with the pregnancy, labor, or delivery of the child?

   ☐ No ☐ Don't Know ☐ Yes Please specify:_____

   _____

   1a. What was this child's weight at birth? _____

2. Did the child have any problems at birth?

   ☐ No ☐ Don't Know ☐ Yes Please specify:_____

   _____

3. Was this child's rate of development normal during the first 18 months?

   ☐ No ☐ Don't Know ☐ Yes Please specify:_____

   _____

4. Please check the appropriate age at which your child performed the following:

   Crawled:
   ☐ Under 6 months ☐ Between 6 mth & 1 year ☐ Between 1& 1 ½ years ☐ Over 1 ½ years ☐ Unknown

   Walked:
   ☐ Under 6 months ☐ Between 6 mth & 1 year ☐ Between 1& 1 ½ years ☐ Over 1 ½ years ☐ Unknown

   Talked:
   ☐ Under 6 months ☐ Between 6 mth & 1 year ☐ Between 1& 1 ½ years ☐ Over 1 ½ years ☐ Unknown

5. Check any of the following which describes how you felt about having this child:

   ☐ Happy ☐ Unprepared

   ☐ Unhappy ☐ Life disrupted

   ☐ Nervous ☐ Excited

   ☐ Financially burdened ☐ Fulfilled

   ☐ Other, specify_____

   _____

6. Which of the following best described this child as an infant?

   ☐ Fun ☐ Sickly ☐ Fussy ☐ Overactive ☐ Quiet ☐ Irritating

SOCIAL AND FAMILY HISTORY

1. How many different schools has this child attended?_____

2. What kind of grades does he/she make in school?:

   ☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR ☐ FAILING

3. Has this child ever repeated a grade?

   ☐ No ☐ Yes Please specify:_____

   _____

4. How would you describe the child's school attendance?

   ☐ GOOD ☐ FAIR ☐ POOR

5. Does this child have problems in school?

☐ No ☐ Yes Please specify:_____

_____

6. How well does this child get along with other children?

☐ VERY WELL ☐ NOT VERY WELL ☐ SATISFACTORILY ☐ VERY POORLY

7. Does this child participate in school activities?

☐ NO ☐ YES, SOME ☐ YES, MANY

8. Choose those characteristics which describe you child's attitude toward authority figures (teachers, parents, etc):

☐ Cooperative ☐ Excessive demand for attention ☐ Submissive ☐ Respectful ☐ Defiant

☐ Overly anxious to please ☐ Shy ☐ Uncooperative ☐ Fearful ☐ Assertive

9. Are most of the child's close friends:

☐ The same age ☐ Older ☐ Younger

10. Are most of the child's friends:

☐ The same sex ☐ Opposite sex ☐ Both Sexes

11. What does this child do well? _____

_____

12. Does this child have interests or hobbies he/she enjoys?

☐ No ☐ Yes Please specify:_____

_____

13. Does the child have a strong fear about any of the following?:

☐ Being left alone ☐ Being in crowds ☐ The dark ☐ Strangers ☐ Any animals or insects

☐ Bodily harm ☐ Thunder and lightning ☐ Death ☐ Closed-in spaces ☐ High places

☐ Riding in a car ☐ No known fears ☐ Other (specify):_____

_____

14. Check any of the following which apply to your child:

☐ Lonely	☐ Obedient	☐ Clumsy	☐ Dependable
☐ Destructive of property	☐ Energetic	☐ Fire-setting	☐ Sleepwalking
☐ Shy	☐ Friendly	☐ Acts young for age	☐ Artistic
☐ Cruel to animals	☐ Acts old for age	☐ Overactive	☐ Rigid/Compulsive
☐ Feeling easily hurt	☐ Impulsive	☐ Intelligent	☐ Independent
☐ Clinging	☐ Daydreaming	☐ Sleep problem	☐ Stubborn
☐ Messy	☐ Sense of humor	☐ Lazy	☐ Bed Wetting
☐ Nail-biting	☐ Tells lies	☐ Irresponsible	☐ Self-Confident
☐ Considerate	☐ Cries easily	☐ Fights constantly	☐ Steals
☐ Loving	☐ Likes to be alone	☐ Jealous	☐ Often sad
☐ Unsure of self	☐ Nightmares	☐ Many physical complaints	☐ Short attention span

15. Has your child ever run away from home?

☐ No ☐ Yes Please specify:_____

16. Did anything happen that affected the family shortly before your child's behavior problem occurred?

☐ Death, specify: _____

☐ Job change, specify: _____

☐ Divorce, separation, specify: _____

☐ Birth or adoption, specify: _____

☐ Other, specify: _____

☐ No

17. Check all persons with whom this child has lived most of his/her life and indicate how well he/she gets along with those people.

☐ Natural Mother	☐ Good	☐ Fair	☐ Poor
☐ Natural Father	☐ Good	☐ Fair	☐ Poor
☐ Stepmother	☐ Good	☐ Fair	☐ Poor
☐ Adoptive	☐ Good	☐ Fair	☐ Poor
☐ Foster parents	☐ Good	☐ Fair	☐ Poor
☐ Brothers (list)			
_____	☐ Good	☐ Fair	☐ Poor
_____	☐ Good	☐ Fair	☐ Poor
_____	☐ Good	☐ Fair	☐ Poor
☐ Sisters (list)			
_____	☐ Good	☐ Fair	☐ Poor
_____	☐ Good	☐ Fair	☐ Poor
_____	☐ Good	☐ Fair	☐ Poor
☐ Other relatives (who?)			
_____	☐ Good	☐ Fair	☐ Poor
_____	☐ Good	☐ Fair	☐ Poor
_____	☐ Good	☐ Fair	☐ Poor
☐ Institution (where?)			
_____	☐ Good	☐ Fair	☐ Poor
_____	☐ Good	☐ Fair	☐ Poor
_____	☐ Good	☐ Fair	☐ Poor

18. In your family, who likes your child best? _____

19. In your family, who likes your child least? _____

20. Does your child remind you of anyone else (like yourself, spouse, relative)? ☐ No ☐ Yes,
specify who and why: _____

21. Does another child in this family have a serious medical or emotional problem? ☐ No ☐ Yes
specify who and why: _____

_____

22. Does your family regularly engage in family activities? ☐ No ☐ Yes
please describe: _____

_____

23. Have you, your child, or any other members of the family had problems with the police?
☐ No ☐ Yes, specify family member(s) and indicate _____

_____

24. What is your marital status?
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

25. Please complete the following:

	Child's mother	Child's father
Age (present)	_____	_____
Age when first married to present spouse	_____	_____
Total number of marriages	_____	_____
Number of children	_____	_____
Years of schooling	_____	_____

26. How often do you attend religious services? _____

_____

27. Check the following which describe your relationship with your current spouse:

☐ Stormy	☐ Indifferent	☐ Unrewarding
☐ Disappointing	☐ Harmonious	☐ Impossible
☐ Happy	☐ Mistake	☐ Understanding
☐ Devoted	☐ Wholesome	☐ Hopeless
☐ Insecure	☐ Average	☐ Secure

28. In general, would you say life in your present family is:
☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Bad

29. How do you get along with your other child(ren)?
☐ Very well ☐ Fairly well ☐ Not very well ☐ Very poorly

30. How well does your spouse or partner get along with your other child(ren)?
☐ Very well ☐ Fairly well ☐ Not very well ☐ Very poorly

31. How do you usually punish your child(ren)?
☐ Spanking ☐ Assigning work duties ☐ Withholding privileges
☐ Spanking and withholding privileges ☐ Other, specify _____

_____

32. How does your spouse/partner usually punish your child(ren)?

☐ Spanking ☐ Assigning work duties ☐ Withholding privileges

☐ Spanking and withholding privileges ☐ Other, specify _____

_____

33. Is getting away from your children (having time to yourself) a problem for you? ☐ No ☐ Yes

34. Do you feel your life is being disrupted by this child? ☐ No ☐ Yes

35. Do you, or others, feel you or your spouse/partner have a problem with the use of drugs or alcohol?

☐ No ☐ Yes, I do, with _____

☐ Yes, my spouse does, with_____

36. Do you and your spouse disagree frequently about this child? ☐ No ☐ Yes

37. Was your home life a happy one? ☐ No ☐ Yes

38. Were you raised by your natural parents? ☐ Yes ☐ No, specify by whom:_____

_____

39. How were you usually punished as a child?

☐ Spanking ☐ Assigning work duties

☐ Withholding privileges ☐ Spanking and withholding privileges

☐ Other, specify_____

_____

40. Carefully read the following list, then check up to FIVE (5) traits that were stressed in <u>your</u> home during <u>your</u> childhood:

☐ Personal appearance	☐ Fun	☐ Morality
☐ Warmth and affection	☐ Religion	☐ Pride
☐ Power and position	☐ Initiative	☐ Work
☐ Aggressiveness	☐ Manners	☐ Survival
☐ Social obligations	☐ Trust	☐ Obedience
☐ Listening to each other	☐ Honesty	☐ Security
☐ Cleanliness	☐ Ambition	☐ Independence
☐ Kindness	☐ Generosity	☐ Education
☐ Quietness	☐ Health	

☐ Other, specify: _____

_____

41. Please state here any additional information you feel may be important:

_____

_____

_____

_____