

Case #: _____
DX _____

Biographical Information Form – Child

To assist us in providing services to you, please complete this form as fully and openly as possible. All private information is held in the strictest confidence within legal limits. **If certain questions do not apply, leave them blank.** Some of the information is required by our accrediting and licensing agencies. **If you need help completing this form, please do not hesitate to ask.** Thank you for your cooperation.

Today's Date: _____ Birth Date: _____ Social Security #: _____

Referred by _____

Name: _____ Age: _____ Gender: M F Race/Ethnicity: _____

Address: _____

County: _____ City: _____ State: _____ Zip: _____

Do you live in a House Apartment Mobile Home Other _____

We may need to call you to remind you of an appointment or to change an appointment.

May we leave a message? Yes No (Please circle)

What is the best number to leave a message and contact you? _____

Annual Household Income: _____

Who has legal custody of child? _____

If joint, has the other parent/guardian been informed (circle one)? YES NO

Who currently lives in child's household?

Name Relationship Age Gender

Is CPS involved with your case? YES NO

If yes, CPS Worker's Name: _____ County: _____

What is/are the main reasons for this visit? _____

EDUCATIONAL HISTORY

Child's grade in school: _____ Name of School: _____

Age that child started 1st grade: _____ Check all that apply: infant day care preschool kindergarten

Official school classification:

Learning disability Mental Retardation Other: _____

ADHD Visually Impaired _____

Behavioral Disorder Hearing Impaired _____

Type of placement: Regular classes Special education Honors Alternative school Home

What grades does the child usually receive? _____

Have grades changed recently? YES NO Details: _____

MEDICAL HISTORY

Primary care physician: _____

Address: _____

Are you under the care of a psychiatrist: Yes No If so, whom: _____

Other important healthcare providers: _____

Generally speaking, how would you describe the child's overall physical health:

Excellent Average Below Average Poor

HOSPITALIZATIONS (PHYSICAL OR MENTAL HEALTH)

<u>Hospital</u>	<u>Dates</u>	<u>Reason</u>	<u>Outcome</u>

OUTPATIENT MENTAL HEALTH TREATMENT

<u>Facility/Therapist</u>	<u>Dates</u>	<u>Reason</u>	<u>Outcome</u>

MEDICATIONS

<u>Medication</u>	<u>Dose</u>	<u>Reason</u>	<u>Prescribing Physician</u>

Allergies: _____

Other important medical information: _____

FAMILY HISTORY

Mother's Name: _____ Age: _____ Educational Level: _____

If mother is deceased, how old was child when she died? _____

Father's Name: _____ Age: _____ Educational Level: _____

If father is deceased, how old was child when he died? _____

Are the child's parents (check all that apply):

Married to each other Divorced Year: _____

Separated Year: _____ Re-married Year: _____

Please list biological or half-siblings and age(s):

ABUSE HISTORY

Has child been a victim of any of the following types of abuse? If yes, please indicate by whom, the duration, and your age at the time of the abuse.

		<u>By Whom?</u>	<u>Duration</u>	<u>Child's Age</u>
Physical Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Sexual Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Emotional Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Neglect/Abandonment	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

Has child ever abused anyone? Yes No

If yes, please describe. _____

Has child ever been a victim of ANY other crime? Yes No

If yes, please describe. _____

Is there a family history of:

- Substance abuse Yes No Describe _____
- Suicide Yes No Describe _____
- Violence Yes No Describe _____
- Psychiatric Problems Yes No Describe _____
- Criminal Activity Yes No Describe _____

RELIGIOUS/SPIRITUAL CONCERNS

What is your religious preference? _____

How important is spirituality/religion in your life?

Not at all				Somewhat					Extremely
1	2	3	4	5	6	7	8	9	10

Do you have any concerns related to spirituality or religion? _____

Is there anything else you would like the counselor to know that has not already been covered?