

1. What things are done together as a family in your home?

2. How often does your child participate in these activities?

3. In your opinion, what family activity is most valued by your child?

4. If your family had a motto, what would it be?

5. Has anyone other than you and your children lived in your home for an extended period of time?

If yes, describe who and when: _____

6. Is there any alcoholism or drug abuse in your family? YES NO

If yes, describe who and when: _____

7. Which below best characterizes your child's overall current home environment?

_____ Close relationships

_____ Quiet and peaceful, but relationships are distant

_____ Instability, periods of peace mixed with periods of fighting

_____ Family fighting the norm

_____ Other: _____

8. How would you describe your marriage of present?

_____ Very much in love; best of friends; happy

_____ Periods of enjoyment/affection mixed with periods of normal relational conflicts

_____ Committed to one another, but not particularly close

_____ Unhappy, but trying to make the best of it

_____ Unhappy, avoid one another as much as possible, fights kept secret from children most of the time

_____ Unhappy, much fighting together, often in front of the children

_____ Separated or divorced, congenial

_____ Separated or divorced, antagonistic, but keep the children out of it

_____ Separated or divorced, and openly antagonistic, on-going conflicts

9. Does your child have a nickname? _____

10. Does your child have any present hobbies, interests, or uses of free time?

11. Does your child have a special meaning to one or more of his/her parents? YES NO

Please specify: _____

12. In solving family conflicts, different styles are used. Circle the style which best describes family members currently living in your home.

Father:	“I will win”	Compromise	“I give up”	Withdraw	Resolve
Mother:	“I will win”	Compromise	“I give up”	Withdraw	Resolve
Child:	“I will win”	Compromise	“I give up”	Withdraw	Resolve

13. Who has the strongest influence in your family? _____

14. Does your child identify more with father or mother? _____

How is this expressed? _____

15. What methods do you use for disciplining your child? (Time-outs, spanking, rewards, ignoring, etc.)

16. Is your child able to confide in you? YES NO

What subjects are difficult for your child to discuss with you?

What subjects are difficult for you to discuss with your child?

17. Circle what best describes your style of discipline.

Mother:	Strict with little compromise	Firm but seek to give my child a voice	Lenient	Few Limits
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Explain: _____

Father:	Strict with little compromise	Firm but seek to give my child a voice	Lenient	Few Limits
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Explain: _____

18. If the child was/is not being brought up by the parents, who did/is doing the parenting?

How old was the child when they were removed from their biological parent? _____

19. Has your family moved around a lot or have you been fairly stable?

If yes, when and where? _____

20. Have there been any deaths in the family? YES NO

If yes, please specify: _____

21. Do you believe the death had a significant impact on your family?

II. Relevant History

A. Counseling

1. What concerns you most about your child at present? _____

2. Has anyone in your extended family had similar difficulties to those of your child?

3. Has your child had previous counseling? YES NO

If yes, with whom? _____

When? _____

For how long? _____

Did it help? _____

4. What would your goals for your child be as a result of therapy? _____

5. What specific changes in behavior will indicate to you that these goals have been met?

6. In your opinion, how likely is it that these goals can be accomplished? (Circle one)

0% 20% 40% 50% 60% 80% 100%

7. How long do you expect counseling to take?

8. In addition to counseling for your child, do you also want help for yourself or your marriage? YES NO

If yes, please explain briefly: _____

9. Do you have a religious preference? YES NO

If yes, what? _____

10. Does your family participate in a church, synagogue, mosque or other religious group? YES NO

If yes, please specify: _____

11. How regular is your family's participation? _____

12. Does your child also participate regularly? YES NO

If so, in what ways? _____

13. How open are you to the counselor addressing spiritual issues with your child?

B. Psychiatric History

1. Has any member of your family suffered anything which might be considered a mental illness or any other illness that might be relevant?

C. Medical History

1. Date of last physical exam: ____/____/____
 2. Name and address of your doctor: _____
 3. Is your child taking medication now? YES NO
If yes, what? _____ Dosage? _____
For how long? _____
 4. Has your child been on any medication within the last 6 months? YES NO
If yes, what? _____ Dosage? _____
 5. Has your child ever been hospitalized? YES NO
If so, for what? _____
 6. Has your child ever had an operation? YES NO
If so, for what? _____
 7. Has your child ever inhaled or swallowed any foreign substance? YES NO
If so, what and when? _____
 8. Does your child have any physical handicaps including hearing or vision loss? YES NO
If so, please specify: _____
 9. Does your child have any neurological handicaps? YES NO
If so, please specify: _____
 10. Were there any severe or unusual illnesses as an infant? YES NO
If so, please specify: _____
 11. Do you believe your child has a medical problem which is not now being treated? YES NO
If so, what? _____
 12. Has your child had any motor coordination, visual, speech, learning, or language problems? YES NO
If so, please describe: _____
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13. What is your child's sleeping pattern like? (Please circle)

Sleeps through the night

Sleepwalks

Wets the bed
(How often: _____)

Awakens from sleep
(# of times/night _____)

Nightmares
(How Often _____)

Has difficulty falling asleep
(Goes to bed at _____)
(Falls asleep at _____)

14. Has your child had any of the following? If so, when:

	YES	DATE
Measles	_____	_____
Mumps	_____	_____
Chicken Pox	_____	_____
Whooping Cough	_____	_____
German Measles	_____	_____
Bronchitis	_____	_____
Rheumatic Fever	_____	_____
Tuberculosis	_____	_____
Pneumonia	_____	_____
Diabetes	_____	_____
Seizures	_____	_____
Broken Bones	_____	_____
Tonsillitis	_____	_____
Head Injuries	_____	_____
Other Serious Illness or Accident/Traumas	_____	_____

III. Developmental History

A. Prenatal

1. Was the mother's physical health good during the pregnancy? YES NO

2. Was the mother on any medication during the pregnancy? YES NO

If yes, what? _____

3. Was the mother using drugs or alcohol during pregnancy? YES NO

4. Were there any severe emotional stresses during this pregnancy? YES NO

If yes, what? _____

5. Were there any major physical or emotional illnesses of either parents or grandparents? YES NO

If yes, what? _____

6. Was this pregnancy planned? YES NO

7. Did the mother look forward to this child's birth? YES NO

8. Did the father look forward to this child's birth? YES NO

9. Do you have any difficulty getting your child to talk to you? YES NO

10. Does your child have any angry outbursts or temper tantrums? YES NO

If yes, how often? _____

Are there any common issues? _____

What does he/she do? _____

How do you handle it? _____

11. Does your child have crying spells? YES NO

If yes, describe: _____

12. Are there ways in which your child gives you pleasure? YES NO

If yes, describe: _____

13. What are your child's strengths?

D. School History

1. School child attends: _____

Grade: _____ Teacher: _____

2. Does your child enjoy school? YES NO

3. Does your child generally complete his/her homework assignments on time? YES NO

4. Is studying a problem for your child? YES NO

5. Is your child in a special class? YES NO

If yes, what class: _____

6. Is your child having behavioral problems at school? YES NO

7. Is your child achieving at her/his expected level? YES NO

8. Please circle the work that best describes your child's grades.

Superior Above Average Average Below Average Failing

9. Has your child missed much school? YES NO

10. Has your child had a recent marked change in academic performance? YES NO

11. Does your child belong to any social or athletic groups? YES NO

If yes, please specify: _____

12. What educational ambitions or goals does your child have?

13. Has your child ever been in trouble with the law? YES NO

If so, please specify: _____