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About my child Form:

Name: _____ Date: _____

Name of child: _____ Relationship to child: ☐mother ☐father ☐other

Your child Information:
Please explain your reasons for seeking out treatment now?

What are the primary issues your child faces?

Does your child exhibit any emotional, psychological or behavioral difficulties?
If yes, please describe:

Child's **past** behavioral/emotional history:

- ❑ Worry/Panic
- ❑ Obsessions/Compulsions
- ❑ Alcohol/Drug use
- ❑ Depression/mood swings
- ❑ ADHD
- ❑ Non-adherent
- ❑ Anger/Aggression
- ❑ Tics/other

Check any of the symptoms that your child is **currently** having:

- ❑ Depression
- ❑ Extreme sadness
- ❑ Trouble concentrating
- ❑ Memory problems
- ❑ Change in eating habits
- ❑ Feeling of extreme happiness
- ❑ Trouble performing your job
- ❑ Lack of enjoyment of usual activates
- ❑ Self-esteem problems
- ❑ Perfectionism
- ❑ Obsessions or compulsions
- ❑ Feeling fearful
- ❑ Physical complaints of pain
- ❑ Problems with anger
- ❑ Feeling hopeless
- ❑ Feeling tearful
- ❑ Change in sleeping habits
- ❑ Lack of energy
- ❑ Weight changes
- ❑ Excessive anxiety or worry
- ❑ Problems getting along with friends or family
- ❑ Feeling stressed
- ❑ Easily irritated
- ❑ Feeling guilt
- ❑ Feeling nervous
- ❑ Sudden feelings of panic
- ❑ Muscle tension
- ❑ Acting violently

Do you think your child would ever hurt him/herself?
If yes, do you think he/she has a plan?

Do you think your child would ever hurt someone else?
If yes, please describe?

Stressful Circumstances:
Did your child (and you) experience any stress recently and during your child's lifetime? (Examples: conflict with family/friend, financial problems, death, divorce, and illness)
If yes, please explain when and what.

Has your child ever been physically abused?
If yes, is it still going on?

Has your child ever been sexually abused?
If yes, is it still going on?

Medical and Health Information:
Does your child have any current or past medical problems?

Has your child or the family been in counseling before?

Does your child take any medications?
If yes, please list

How would you describe your child's eating habits? (healthy, average, needs some help)

How often does your child exercise? What type of activities do they do?

How would you describe your child's sleeping habits? How many hours of sleep do they typically get?

Education/Work History:
Does your child have any learning difficulties or attention issues?
If yes, please list or describe:

Any problems in school with:
- ❑ Grades
- ❑ Learning
- ❑ Peer relations

Behavior
- ❑ Other: _____

Does your child have any problems at work?
If yes, please describe:

Social Information:
Who are your child's close friends?

Are there any concerns you have about his/her friends?

Is your child currently in a serious one-on-one relationship?

Social Media/Electronics:
How often is your child on the computer or electronics?

What type of things are they doing on the computer? (ie. Video games, visiting certain sites, etc.)

Does your child have a twitter, Instagram, facebook or other social media account?

Have you seen a change in behaviors due to increase in electronics or social media?

Parent/child relationship:
How would you describe your relationship with your child?

What would you like to change about your relationship with your child?

What have you already tried?

What happened when you tried these things?

Parent Personal Information:

How would you describe yourself?

Check any of the symptoms that you are having:

- ☐ Depression
- ☐ Extreme sadness
- ☐ Trouble concentrating
- ☐ Memory problems
- ☐ Changes in eating habits
- ☐ Feeling of extreme happiness
- ☐ Trouble performing your job
- ☐ Lack of enjoyment of usual activities
- ☐ Self-esteem problems
- ☐ Perfectionism
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- ☐ Feeling guilt
- ☐ Feeling nervous
- ☐ Sudden feelings of panic
- ☐ Muscle tension
- ☐ Acting violently

Have you ever thought of hurting yourself or others?
If yes, do you have a plan?

Have you ever been abused (physically or sexually)?
If yes, is it still going on?

Medical & Health information:
How would you describe your health? (eating habits, exercise, and sleep)

Previous and current health problems or illnesses:

Previous and current medications:

Do you drink alcohol?
If yes, how often:

Do you smoke cigarettes?

Employment:
Where do you work? _____ How many hours a week? _____

What do you do?

Do you like what you do?

Do you have any problems there?

Relationship Information:
Do you currently have a significant other and/or are you married?
If yes, whom:

Do you have any children from this relationship?
If yes, what are their names & ages:

How would you describe your current relationship?

Have you had other significant relationships and/or been married before?
If yes, do you have any children from that relationship?

Is there anything you would like to add about this relationship?

Parenting Information:

How would you describe your parenting style?

When does your style work & when doesn't it work?
How would you describe your partner's parenting style?

When does it work & when doesn't it work?

Do you disagree about parenting styles?

Family Information:

Parent(s) (please list names and describe relationship with them)

How would you describe your parents' relationship?

How many siblings do you have? (please list names and describe relationship with them)

Family History:

Has any family member had any of the following? If yes, who, when and how were they treated?

Anxiety/Panic: _____

Obsessions/Compulsions: _____

Substance abuse: _____

Depression/mood swings: _____

Anger/aggression: _____

Schizophrenia: _____

Suicidal behavior: _____

Other conditions: _____

Any major illness: _____