VISTA EAP/Intentions Yoga

Child and Adolescent History Form

Name: _____ Date of Birth: _____/_____/_____

Address: _____ Phone Number: (____) _____

Name, Address and Telephone of both parents:

Mother: _____ Phone Number: (____) _____

Address: _____

Father: _____ Phone Number: (____) _____

Address: _____

Referred By: _____

Reason: _____

PROVIDE A BRIEF DESCRIPTION OF CURRENT PROBLEMS AND HISTORY OF INTERVENTIONS:

HAS CHILD HAD ANY PREVIOUS COUNSELING? _____ (IF YES, PLEASE ELABORATE BELOW)

Date	**Treating Professional**	**Reason**	**Outcome**
_____	_____		
_____	_____		
_____	_____		

FAMILY HISTORY:

Child lives with: Mother___ Father ___ Stepmother ___ Stepfather ___ Adoptive parents ___
Other relative (please specify) _____
Other caretaker (specify) _____

How long with each? _____

	Name	DOB	Education	Occupation	SS#
MOTHER:	_____	_____	_____	_____	_____
FATHER:	_____	_____	_____	_____	_____
SIBLINGS:	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

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MARITAL HISTORY (of parents)

	Mother	Father
Number of marriages	_____	_____
Children from previous marriages	_____	_____
Date of most recent marriage	_____	_____
Date(s) of separation(s)	_____	_____

If divorced:

How long:

Parenting Plan:

Visitation schedule:

Child's adjustment to divorce:

Other households in which child has resided:

FAMILY MEDICAL AND PSYCHIATRIC HISTORY

	Mother's Family	Father's Family
Alcoholism	_____	_____
Drug Abuse	_____	_____
Mental Illness(type)	_____	_____
Chronic Physical Illness	_____	_____
Mental Retardation	_____	_____
Learning Problems	_____	_____
Psychiatric Admits	_____	_____
Suicide	_____	_____

PATIENT'S MEDICAL HISTORY

Pregnancy:

Illnesses/Complications:

Medications taken:

Tobacco/Alcohol/other drugs (prescription or otherwise):

Length of gestation (months):

Deliver (Type: e.g., head first, breach):
Birth weight: Apgar rating (if known):
Problems during delivery/shortly thereafter:

Medications/Anesthesia during delivery:

Length of stay in hospital:

Serious injuries/illnesses in the past (high fever, seizures, head injury, etc.):

Hospitalizations

Date	Locations	Reason	Outcome

Any additional surgery:

Current medical problems(include allergies, current medications and treatments):

Name and address of PHCP: _____

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DEVELOPMENTAL MILESTONES (in months)

Sat alone Walked Talked in sentences
Weaned Fed self Tied own shoes
Toilet training (ease or difficulty: any wetting or soiling afterward)

Any unusual or distinguishing features to any of the above:

LISTED BELOW ARE CERTAIN TEMPERAMENTAL QUALITIES: Check applicable space

	Less than average	Average	Greater than average
Activity level	_____	_____	_____
Affectionate	_____	_____	_____
Persistence	_____	_____	_____
Intensity of emotional response	_____	_____	_____

EDUCATIONAL HISTORY

Current school:

Grade:

Teacher(s):

Guidance Counselor:

Special classes/tract/level:

Child's attitude toward school:

Teacher's comments:

List other schools and past grades:

Current and/or past academic/behavioral problems in school (specify, including interventions tried and results):

SOCIAL HISTORY

Does child have an adequate number and quality of friendships (describe, including age of friends, best friend, etc.)

Sports/Other activities:

Clubs/Groups:

Hobbies/Talents:

Pets:

Activities:

Religious activities:

Responsibilities/Chores in household:

Usual Disciplinary Techniques:

Employment:

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"SIGNS AND SYMPTOMS"

Has your child had any of the following? (Please explain items checked in space provided below)

Eating problems (poor appetite, picky eater, overeats)

Sleeping problems(insomnia, nightmares, sleepwalking, night terrors)

Anxiety/Fears Sadness/Irritability Temper tantrums Headaches

Stomachaches Other physical complaints not readily explained:

Hyperactivity Poor concentration Drugs/alcohol abuse Lying

Stealing Setting fires Ties/Unusual movements

Other repetitive behaviors (rituals, mannerisms, habits) Bed wetting

Cruelty to animals Behavior problems Phobia's

ABUSE/TRAUMA

Has child ever been physically/sexually abused? Yes ____ No ____

Alleged abuser:

Duration and frequency extent:

How was it discovered?

How was the situation handled after being discovered/disclosed?

Changes in child's behavior afterward:

Has child ever experienced any other severe trauma? Yes ____ No ____

PLEASE COMMENT ON ANY AREAS OF CONCERN NOT COVERED ABOVE:

PLEASE LIST YOUR DESIRE FOR FOCUS OF TREATMENT.

1)

2)

3)

_____

Clinician's Signature Date

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