

Child Biographical Information Form

Information supplied by: _____ Relationship: _____

Personal History

1) Child's Name: _____ 2) Age: _____ 3) Gender: __M__F

4) Weight: _____ 5) Height: _____ 6) Eye color: _____ 7) Hair color: _____ 8) Race: _____

9) Year in School _____ Name of School _____

10) Has the child been involved in therapy?: __ Yes __ No

If Yes, please describe: _____

11) Why is the child seeking therapy at this time?: _____

12) How long has this problem persisted (from #11)?: _____

13) Under what conditions do the problems usually get worse?: _____

14) Under what conditions are the problems usually improved?: _____

Medical History

15) Name and Address of Physician(s):

Physician's Name: _____

Address: _____

Street Number City State Zip

Most Recent Physical Exam: _____ Results: _____

16) List any major illnesses and/or operations: _____

21) Describe the child's appetite (during the past week):

_____ poor appetite _____ average appetite _____ large appetite

22) What medications (and dosages) are being taken at present, and for what purpose?: _____

Family History

23) Mother's age: _____ If deceased, how old was the child when she passed away?: _____

24) Father's age: _____ If deceased, how old was the child when he passed away?: _____

25) If parents are separated or divorced, how old was the child then?: _____

26) Number of brother(s) _____ Their ages _____

27) Number of sister(s) _____ Their ages _____

28) Child number _____ being in a family of _____ children.

29) Is the child adopted or raised with parents other than biological parents?: ___ Yes ___ No

30) Briefly describe the child's relationship with brothers and/or sisters:

Biological siblings: _____

Step and/or half siblings: _____

Other: _____

31) What is the family relationship between the child and his/her custodial parents?

Check all that apply:

_____ Single parent mother _____ Single parent father _____ Parents unmarried

_____ Parents married, together _____ Parents divorced _____ Parents separated

_____ With mother and stepfather _____ With father and stepmother

_____ Child adopted _____ Other, describe _____

32) Is there a history or recent occurrence(s) of child abuse to this child? ___ Yes ___ No

If Yes, which type(s) of abuse? ___ Verbal ___ Physical ___ Sexual

Comments: _____

Developmental History

35) Briefly describe any problems in the child's mother's pregnancy and/or childbirth:

36) Please fill in when the following developmental milestones took place:

Behavior Age began Comments

Walking _____

Talking _____

Toilet trained _____

37) List any drugs used by mother or father at time of conception, or by mother during pregnancy:

38) Please rate your opinion of the child's development (compared to others the same age) in the following areas:

Below Average/Average/Above Average

Social _____

Physical _____

Language _____

Intellectual _____

Emotional _____

For each type of development that you rated above as below average, please describe current areas of concern. Be specific.
