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CHILD INFORMATION FORM

IDENTIFYING INFORMATION

Child's Name _____ Nickname _____
Date of Birth _____ Sex: M F Present Age _____
School Attending _____ Grade _____ Teacher _____

Father's name _____ Mother's name _____
Address _____ Address _____

Phone (H) _____ (W) _____ Phone (H) _____ (W) _____

Child lives with?		
Name	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other adults involved with child care:		
Name	Age	Relationship to Child
_____	_____	_____

Who has custody of the child currently _____

MAJOR CONCERNS

Please describe, in your own words, your concerns about your child and the reasons that you are seeking help. _____

When were these difficulties first noticed? Please explain as fully as you can. _____

Describe special strengths the child has shown in his or her overall adjustment to past difficulties _____

Has the child had any previous professional assistance with the problems stated here? If so, please provide information.

Agency/ Professional	Approximate Dates	What was done?
_____	_____	_____
_____	_____	_____

MEDICAL HISTORY

Please describe this child's general health _____

Has he/she had any serious illnesses, accidents, or injuries? Or, any conditions that require regular medical care? _____

Is your child currently on prescribed medication? If so, please specify and give the name of the prescribing doctor _____

Have any of the child's blood relatives or caretakers, struggled with any of the below:

	Yes	No	Relationship		Yes	No	Relationship
ADHD	_____	_____	_____	Learning Disability	_____	_____	_____
Depression	_____	_____	_____	Suicide	_____	_____	_____
Alcoholism/ Drug Use	_____	_____	_____	Anxiety	_____	_____	_____
				Obsessive Compulsive Tendencies	_____	_____	_____
				Rage	_____	_____	_____

CHILD DEVELOPMENTAL HISTORY

Was the child planned/wanted? Explain _____

Pregnancy and Birth History: (please include any significant information- trauma, medication by mother, unusual emotional strain, alcohol/drug use, complications, etc)

Delivery: Please check any that apply to the birth of this child

- _____ Early _____ Premature _____ Late _____ Caesarean
- _____ Forceps _____ Feet/Buttocks first (breech) _____ Blue baby
- _____ Induced labor _____ Anesthesia _____ Other medication
- _____ Any other complications (specify)

Newborn (postnatal) period: Did the child have any problems immediately following birth? (injury, illness, feeding problems, incubation, etc.)

Infancy, toddler and childhood periods: Did the child have any problems during infancy, toddlerhood, and childhood periods? (colic, head injury, speech problems, serious accidents, constipation, hospitalizations)

Did your child have any problems with potty training? If yes, please explain _____

Does your child have any current sleep disturbances (falling asleep, persistent nightmares, getting up in the middle of the night, or being difficult to wake)? _____

EMOTIONAL DEVELOPMENT

Describe your child's personality/temperament in the first year of his/her life: _____

What was happening in the family during the child's first two years of life? _____

Have you ever lost control while disciplining the child or at any other time? _____

Has the child ever been neglected or abused (physically or sexually) by anyone? _____

Describe family difficulties or events which were particularly upsetting for your child (family separation, birth of siblings, deaths, illnesses, moves, absences of parent, financial/legal issues). _____

Does this child have particular fears or worries? If so, what are they? _____

FAMILY RELATIONSHIP/HISTORY

Please check any current problems in the family

- | | |
|---|-----------------------------|
| _____ Physical health of family member(s) | _____ Marital problems |
| _____ Mental health of family member(s) | _____ Separation or Divorce |
| _____ Death of special family member | _____ Prolonged absence |
| _____ Differences in child rearing | _____ Drinking/Drug abuse |

Please elaborate on any concerns that you have about any of the problems in the family _____

How does this child get along with his/her brothers and/or sisters? _____

Describe special activities that the family does together. _____

LEARNING AND SOCIAL DEVELOPMENT

Has he/she had any remedial help or special education services in school or privately? Is so, please explain _____

Please describe your child’s attitude toward other children who are:
Older _____ Younger _____ Own age _____
Boys _____ Girls _____

Does your child prefer the company of adults to other children? Yes _____ No _____
Does your child have at least one best friend? Yes _____ No _____ friend’s age _____

SPECIAL CONCERNS

Please check any past or present concerns and the age which they occurred (e.g. eating 4-6 years)

Area of concern	from	to	Area of concern	from	to
_____ Fears	_____	_____	_____ Destructiveness	_____	_____
_____ Eating	_____	_____	_____ Activity level	_____	_____
_____ Coordination	_____	_____	_____ Temper tantrums	_____	_____
_____ Sexual activity	_____	_____	_____ Lying	_____	_____
_____ Response to discipline	_____	_____	_____ Stealing	_____	_____
_____ Fire setting	_____	_____	_____ Relationship to peers	_____	_____
_____ Thumb sucking	_____	_____	_____ Play behavior	_____	_____
_____ Drugs	_____	_____	_____ Truancy	_____	_____
_____ Anxiety	_____	_____	_____ Tics	_____	_____
_____ Other _____					

Please elaborate on any concerns that you have about any of the difficulties listed _____

PARENT’S SOCIAL HISTORY

Briefly describe significant life events in parent’s family of origin.

Mother: _____

Father: _____

Parent’s Goal for family change and goal for child’s therapy _____

Signatures of parent/guardian who completed this form:

Signature _____

Date _____