

Case #: _____

DX _____

Biographical Information Form – Child

To assist us in providing services to you, please complete this form as fully and openly as possible. All private information is held in the strictest confidence within legal limits. **If certain questions do not apply, leave them blank.** Some of the information is required by our accrediting and licensing agencies. **If you need help completing this form, please do not hesitate to ask.** Thank you for your cooperation.

Today's Date: _____ Birth Date: _____ Social Security #: _____

Is CPS involved with your case? YES NO If yes, CPS Worker's Name: _____

Referred by _____

Name: _____ Age: _____ Gender: M F Race/Ethnicity: _____

Address: _____

County: _____ City: _____ State: _____ Zip: _____

Do you live in a House Apartment Mobile Home Other _____

We may need to call you to remind you of an appointment or to change an appointment.

May we leave a message? Yes No (Please circle)

What is the best number to leave a message and contact you? _____

Annual Household Income: _____

Who currently lives in your household?

<u>Name</u>	<u>Relationship</u>	<u>DOB</u>	<u>Age</u>	<u>Gender</u>
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Child's grade in school: _____ Name of School: _____

Are you currently receiving counseling services elsewhere? Yes No

What is/are the main reason for this visit? _____

How long has this problem persisted? _____

Under what conditions is it usually worse? _____

Under what conditions is it usually better? _____

BEHAVIORS OF CONCERN

- | | | | | |
|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|-----------------------------------|
| Loses temper easily | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Argues with adults | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Refuses adult's requests | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Deliberately annoys people | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Blames mistakes on others | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
|
 | | | | |
| Easily annoyed by others | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Angry/Resentful | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Spiteful/Vindictive | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Defiant | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Bullies or teases others | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
|
 | | | | |
| Initiates fights | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Uses weapons | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Physically aggressive | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Cruel to animals | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Steals | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
|
 | | | | |
| Forces other to have sex | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Intentionally sets fires | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Burglary | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| "Cons" other people | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Runs away from home | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
|
 | | | | |
| Truant at school | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Doesn't pay attention to details | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Makes careless mistakes | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Does not listen when spoken to | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Doesn't finish
chores/homework | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
|
 | | | | |
| Difficulty organizing tasks | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Loses things | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Easily distracted | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Forgetful in daily activities | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Fidhety/squirmy | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
|
 | | | | |
| Difficulty remaining seated | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Runs/Climbs excessively | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |

- | | | | | |
|----------------------------|--------------------------------|-------------------------------|------------------------------------|-----------------------------------|
| Difficulty playing quietly | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Hyperactive | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Difficulty awaiting turn | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Interrupts others | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Problems pronouncing words | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Poor grades in school | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Expelled from school | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Drug abuse | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Alcohol use | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Depression | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Shy or avoidant/withdrawn | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Suicide threats | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Suicide attempts | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Fatigue | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Anxious/Worries | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Sleep problems | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Panic attacks | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |
| Mood swings | <input type="checkbox"/> Never | <input type="checkbox"/> Rare | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequent |

EDUCATIONAL HISTORY

Age that child started 1st grade: _____ Check all that apply: infant day care preschool kindergarten

Official school classification:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Learning disability | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Visually Impaired | _____ |
| <input type="checkbox"/> Behavioral Disorder | <input type="checkbox"/> Hearing Impaired | _____ |

Type of placement: Regular classes Special education Honors Alternative school Home

What grades does the child usually receive? _____

Have grades changed recently? YES NO Details: _____

MEDICAL HISTORY

Primary care physician: _____

Address: _____

Are you under the care of a psychiatrist: Yes No If so, whom: _____

Other important healthcare providers: _____

Has child had any head injuries? Yes No If yes, With loss of Consciousness
 Without loss of Consciousness

Describe: _____

Has child had any convulsions or seizures? Yes No If yes, in the past year? Yes No

Describe: _____

Does child have any disabilities of any kind? _____

Please list any medical problems: _____

Generally speaking, how would you describe the child's overall physical health:

Excellent Average Below Average Poor

HOSPITALIZATIONS (PHYSICAL OR MENTAL HEALTH)

<u>Hospital</u>	<u>Dates</u>	<u>Reason</u>	<u>Outcome</u>

OUTPATIENT MENTAL HEALTH TREATMENT

<u>Facility/Therapist</u>	<u>Dates</u>	<u>Reason</u>	<u>Outcome</u>

MEDICATIONS

<u>Medication</u>	<u>Dose</u>	<u>Reason</u>	<u>Prescribing Physician</u>

Allergies: _____

Other important medical information: _____

DEVELOPMENTAL HISTORY

Please describe any problems the child had in infancy/childhood:

MILESTONES

Please indicate your rating of the following developmental categories compared to other children the same age:

- | | | | |
|--------------|--|----------------------------------|--|
| Social | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average |
| Physical | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average |
| Language | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average |
| Intellectual | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average |
| Emotional | <input type="checkbox"/> Below Average | <input type="checkbox"/> Average | <input type="checkbox"/> Above Average |

FAMILY HISTORY

Mother's Name: _____ Age: _____ Educational Level: _____

If mother is deceased, how old was child when she died? _____

Father's Name: _____ Age: _____ Educational Level: _____

If father is deceased, how old was child when he died? _____

Are the child's parents (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Married to each other | <input type="checkbox"/> Divorced Year: _____ |
| <input type="checkbox"/> Separated Year: _____ | <input type="checkbox"/> Re-married Year: _____ |

Please list biological or half-siblings and age(s):

Was the child adopted or reared with parents other than the biological parents? YES NO

Describe: _____

Who does the child currently live with? _____

Are there child custody issues? YES NO Details: _____

ABUSE HISTORY

Has child been a victim of any of the following types of abuse? If yes, please indicate by whom, the duration, and your age at the time of the abuse.

		<u>By Whom?</u>	<u>Duration</u>	<u>Child's Age</u>
Physical Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Sexual Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Emotional Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Neglect/Abandonment	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

Has child ever abused anyone? Yes No

If yes, please describe. _____

Has child ever been a victim of ANY other crime? [] Yes [] No

If yes, please describe. _____

Is there a family history of:

- Substance abuse [] Yes [] No Describe _____
- Suicide [] Yes [] No Describe _____
- Violence [] Yes [] No Describe _____
- Psychiatric Problems [] Yes [] No Describe _____
- Criminal Activity [] Yes [] No Describe _____

LEGAL HISTORY

Probation/Parole officer: _____ Phone: _____

	<u>Please indicate dates</u>
Pending charges: _____	_____
_____	_____
Arrests: _____	_____
_____	_____
Convictions: _____	_____
_____	_____

Has child been in juvenile detention? YES NO

RELIGIOUS/SPIRITUAL CONCERNS

What is your religious preference? _____

How important is spirituality/religion in your life?

Not at all				Somewhat					Extremely
1	2	3	4	5	6	7	8	9	10

Do you have any concerns related to spirituality or religion? _____

Is there anything else you would like the counselor to know that has not already been covered?