

# ***Biographical Information Form—Child***

**Instructions:** To assist us in helping your child, please fill out this form as fully and openly as possible. All private information is held in strictest confidence within legal limits. If certain questions do not apply to the child, leave them blank.

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) Address \_\_\_\_\_

Street & Number                      City                      State                      Zip

- 10) Today's Date: \_\_\_\_\_ 11) Date of Birth: \_\_\_\_\_  
12) Home Phone: \_\_\_\_\_ 13) Year in School \_\_\_\_\_  
14) Has the child been involved in previous counseling?: \_\_ Yes \_\_ No  
If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

- 15) Why is the child coming to counseling?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 16) How long has this problem persisted (from #15)?: \_\_\_\_\_  
17) Under what conditions do the problems usually get worse?: \_\_\_\_\_  
\_\_\_\_\_  
18) Under what conditions are the problems usually improved?: \_\_\_\_\_  
\_\_\_\_\_

## **Medical History**

- 19) Name and Address of Physician(s):  
Physician's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street & Number                      City                      State                      Zip  
Most Recent Physical Exam: \_\_\_\_\_ Results: \_\_\_\_\_  
\_\_\_\_\_

- 20) List any major illnesses and/or operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 21) List any physical concerns occurring at present (e.g., high blood pressure, headaches, dizziness, etc.): \_\_\_\_\_  
\_\_\_\_\_

22) List any physical concerns (e.g., head trauma, seizures, etc.) experienced in the past:

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23) On average how many hours of sleep does the child receive daily?: \_\_\_\_\_

24) Does the child have trouble falling asleep at night?  Yes  No  
If Yes, how long has this been a problem? \_\_\_\_\_

25) Describe the child's appetite (during the past week):  
 poor appetite  average appetite  large appetite

26) What medications (and dosages) are being taken at present, and for what purpose?: \_\_\_\_\_

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**Family History**

27) Mother's age: \_\_\_\_\_ If deceased, how old was the child when she passed away?: \_\_\_\_\_

28) Father's age: \_\_\_\_\_ If deceased, how old was the child when he passed away?: \_\_\_\_\_

29) If parents are separated or divorced, how old was the child then?: \_\_\_\_\_

30) Number of brother(s) \_\_\_\_\_ Their ages \_\_\_\_\_

31) Number of sister(s) \_\_\_\_\_ Their ages \_\_\_\_\_

32) Child number \_\_\_\_\_ being in a family of \_\_\_\_\_ children.

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

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

Biological siblings: \_\_\_\_\_

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Step and/or half siblings: \_\_\_\_\_

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Other: \_\_\_\_\_

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

Check all that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Single parent mother       | <input type="checkbox"/> Single parent father       | <input type="checkbox"/> Parents unmarried |
| <input type="checkbox"/> Parents married, together  | <input type="checkbox"/> Parents divorced           | <input type="checkbox"/> Parents separated |
| <input type="checkbox"/> With mother and stepfather | <input type="checkbox"/> With father and stepmother |  |
| <input type="checkbox"/> Child adopted              | <input type="checkbox"/> Other, describe _____      |  |

36) 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: \_\_\_\_\_

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37) Parents' occupations: Mother \_\_\_\_\_ Father \_\_\_\_\_

38) Briefly describe the style of parenting used in the household: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Developmental History**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

<u>Behavior</u>	<u>Age began</u>	<u>Comments</u>
Walking	_____	_____
Talking	_____	_____
Toilet trained	_____	_____

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

\_\_\_\_\_  
\_\_\_\_\_

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

	Below Average	About 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

43) List the child's three greatest strengths:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

44) List the child's three greatest weaknesses or needed areas of improvement:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

45) List the child's main difficulties at school:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

46) List the child's main difficulties at home:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

47) Briefly describe the child's friendships: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

48) What report card grades does the child usually receive?: \_\_\_\_\_

Have these changed lately?:  Yes  No If Yes, how?: \_\_\_\_\_

49) Briefly describe the child's hobbies and interests: \_\_\_\_\_

\_\_\_\_\_

50) Describe how the child is disciplined: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

51) For what reasons is the child disciplined? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Behaviors of Concern**

52) Please check how often the following behaviors occur. Those occurring FREQUENTLY or of special concern may be described on the next page.

- |                                      |           |            |               |                |
|--------------------------------------|-----------|------------|---------------|----------------|
| 1) Loses temper easily               | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 2) Argues with adults                | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 3) Refuses adults' requests          | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 4) Deliberately annoys people        | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 5) Blames others for own mistakes    | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 6) Easily annoyed by others          | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 7) Angry/resentful                   | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 8) Spiteful/vindictive               | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 9) Defiant                           | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 10) Bullies/teases others            | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 11) Initiates fights                 | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 12) Uses a weapon                    | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 13) Physically cruel to people       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 14) Physically cruel to animals      | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 15) Stealing                         | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 16) Forced sexual activity           | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 17) Intentional arson                | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 18) Burglary                         | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 19) "Cons" other people              | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 20) Runs away from home              | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 21) Truant at school                 | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 22) Doesn't pay attention to details | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 23) Several careless mistakes        | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 24) Does not listen when spoken to   | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 25) Doesn't finish chores/homework   | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 26) Difficulty organizing tasks      | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 27) Loses things                     | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 28) Easily distracted                | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 29) Forgetful in daily activities    | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 30) Fidgety/squirmy                  | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 31) Difficulty remaining seated      | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 32) Runs/climbs around excessively   | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 33) Difficulty playing quietly       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 34) Hyperactive                      | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 35) Difficulty awaiting turn         | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 36) Interrupts others                | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 37) Problems pronouncing words       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 38) Poor grades in school            | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 39) Expelled from school             | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 40) Drug abuse                       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 41) Alcohol consumption              | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 42) Depression                       | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 43) Shy/avoidant/withdrawn           | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 44) Suicidal threats/attempts        | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 45) Fatigued                         | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |
| 46) Anxious/nervous                  | ___ Never | ___ Rarely | ___ Sometimes | ___ Frequently |

- |                        |                                |                                 |                                    |                                     |
|------------------------|--------------------------------|---------------------------------|------------------------------------|-------------------------------------|
| 47) Excessive worrying | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 48) Sleep disturbance  | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 49) Panic attacks      | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 50) Mood shifts        | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |

53) For each of the behaviors noted on the previous page as occurring FREQUENTLY, or if it causes significant impairment, write a brief description of how it impacts the child's or other people's lives. Give examples. Use the back of this page as needed.

Behaviors of Concern

Impact on Child or Others

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54) Briefly describe the child's ways of expressing the following emotions or behaviors:

ANGER: \_\_\_\_\_

HAPPINESS: \_\_\_\_\_

SADNESS: \_\_\_\_\_

ANXIETY: \_\_\_\_\_

55) List the child's behaviors that you would like to see change: \_\_\_\_\_

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56) Additional information you believe would be helpful: \_\_\_\_\_

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\_\_\_\_\_  
Print Name of Person Completing Form

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date