

## ***Biographical Information – Child/Adolescent***

**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.

Today's date: \_\_\_\_\_

Information supplied by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Who referred the child for counseling services here: \_\_\_\_\_

### **Personal Information**

Child's Name: \_\_\_\_\_ Nickname? \_\_\_\_\_

Age: \_\_\_\_ Gender: \_\_\_\_\_ Grade in school \_\_\_\_ Date of Birth: \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Child's Address

\_\_\_\_\_  
Street & Number City State Zip

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Address if different from child's: \_\_\_\_\_

Occupation: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Address if different from child's: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

Check all that apply:

Single parent (specify) \_\_\_\_\_

Parents together  Parents married  Parents divorced  Parents separated

With a step parent (specify): \_\_\_\_\_

Child adopted  Other, describe \_\_\_\_\_

If parents divorced or separated, please describe custody arrangements:

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

What are your main concerns about the child that led you to seek counseling services at this time?

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

Did a specific event lead to your seeking counseling services at this time? \_\_\_Yes \_\_\_No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have you done already to try to deal with the concerns you've described above:

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

For how long has present problem/situation existed? \_\_\_\_\_

Under what conditions does the situation/problem usually improve? \_\_\_\_\_

\_\_\_\_\_

Has your child had any other mental health treatment or evaluations? \_\_\_Yes \_\_\_No

If so, please describe when, with whom, and main concerns at the time: \_\_\_\_\_

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

**Medical History**

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street & Number

City

State

Zip

Date of most recent physical exam: \_\_\_\_\_ Results: \_\_\_\_\_

\_\_\_\_\_

List any major illnesses and/or surgeries: \_\_\_\_\_

\_\_\_\_\_

List any physical concerns occurring at present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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On average how many hours of sleep does the child receive daily\_\_\_\_\_

Does the child have trouble falling asleep at night? \_\_\_Yes \_\_\_No

If Yes, for how long has this been a problem? \_\_\_\_\_

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

\_\_\_ poor appetite \_\_\_ average appetite \_\_\_ large appetite

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

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### Schooling

Type of schooling: \_\_\_\_\_public/private school \_\_\_\_\_home school \_\_\_\_\_other

The child's current grade: \_\_\_ Has she/he ever repeated a grade \_\_\_Yes \_\_\_No

If yes, which grade?\_\_\_\_\_

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

Have these changed lately? \_\_\_ Yes \_\_\_ No If Yes, in what way? \_\_\_\_\_

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Does your child receive special services from school such as support for giftedness, a learning disability, speech therapy, physical therapy or occupational therapy? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_

What are your child's strongest points academically? \_\_\_\_\_

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Are there school-based stressors in the child's life: \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_

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### Family History

Parent's age:\_\_\_\_\_ If deceased, how old was the child when s/he passed away?\_\_\_\_\_

Parent's age:\_\_\_\_\_ If deceased, how old was the child when s/he passed away? \_\_\_\_\_

Please list the child's brothers and sisters, including adopted or step siblings.

First name	Biological, Adopted or Step	Current Age	School grade	Gender	Lives with child? (Yes/No)	Any medical, social or academic problems (please list for each)

Is the child adopted or raised with parents other than biological parents? \_\_\_ Yes \_\_\_ No

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

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

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

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

Please note any recent stressors in the child's life (past 6 months): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

Comments: \_\_\_\_\_

Does the child have a history or recent occurrence(s) of other trauma, such as domestic violence, medical trauma, a natural disaster, racism, assault, school violence, bullying, traumatic loss/grief: \_\_\_ Yes \_\_\_ No. If yes, please explain:

\_\_\_\_\_

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

Please describe any religious and/or spiritual perspectives or practices that you would like me to consider or be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any biological relatives who have been diagnosed with the following conditions:

Depression: \_\_\_\_\_ Anxiety: \_\_\_\_\_  
Anger: \_\_\_\_\_ Violence: \_\_\_\_\_  
ADHD/ADD: \_\_\_\_\_ Alcohol abuse: \_\_\_\_\_  
Eating disorder: \_\_\_\_\_ Drug abuse: \_\_\_\_\_  
Bipolar (manic depressive) \_\_\_\_\_ Schizophrenia: \_\_\_\_\_  
To your knowledge, has any family member attempted or completed suicide? \_\_\_ Yes \_\_\_ No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Listed below are some common areas of stress for families. If any apply to the child's family, please check and briefly explain:

\_\_\_ Family health problems \_\_\_\_\_  
\_\_\_ Death of family member/close friend \_\_\_\_\_  
\_\_\_ Marital problems \_\_\_\_\_  
\_\_\_ Financial problems \_\_\_\_\_  
\_\_\_ Behavior problems with other children in the child's family \_\_\_\_\_  
\_\_\_ Occupational/employment problems \_\_\_\_\_  
\_\_\_ Recent transition (new job, new home, new siblings, deployment of a family member, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_ Legal problems \_\_\_\_\_  
\_\_\_ Other \_\_\_\_\_

**Developmental History**

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

Please fill in when the following developmental milestones took place:

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

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

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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. Please be specific.

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List the child's three greatest strengths:

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

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

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

List the child's main difficulties at school:

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

List the child's main difficulties at home:

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

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Behaviors of Concern**

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 \_\_\_Never \_\_\_Rarely \_\_\_Sometimes \_\_\_Frequently
- 48) Sleep disturbance \_\_\_Never \_\_\_Rarely \_\_\_Sometimes \_\_\_Frequently
- 49) Panic attacks \_\_\_Never \_\_\_Rarely \_\_\_Sometimes \_\_\_Frequently
- 50) Mood shifts \_\_\_Never \_\_\_Rarely \_\_\_Sometimes \_\_\_Frequently



For each of the behaviors noted above 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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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

ANGER: \_\_\_\_\_  
HAPPINESS: \_\_\_\_\_  
SADNESS: \_\_\_\_\_  
ANXIETY: \_\_\_\_\_

Describe changes you would like to see in the child's behaviors: \_\_\_\_\_

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

Please note any additional information you believe would be helpful: \_\_\_\_\_

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

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

I do hereby acknowledge that I have legal custody of the aforementioned minor child.

I grant my authorization and consent for Katherine Ziff, LPC, to provide counseling services, including assessment and referral, to my minor child whose name is:

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Signature: \_\_\_\_\_