

# ***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: \_\_\_\_\_

Referred by: \_\_\_\_\_

## **Personal History**

1) Child's Name: \_\_\_\_\_ 2) Age: \_\_\_\_\_ 3) Gender: M F

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

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: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ May we leave a msg? Yes No

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?: \_\_\_\_\_  
\_\_\_\_\_

Indicate past and current counseling or evaluation services your child has received and by whom:  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any major stresses or changes that have occurred to your child or family in the past and within the last year.

\_\_\_\_\_

\_\_\_\_\_

- 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: \_\_\_\_\_
- \_\_\_\_\_
- 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?: \_\_\_\_\_
- \_\_\_\_\_

**Family History**

- 27) Mother's age: \_\_\_\_\_ If deceased, how old was the child when she passed away?: \_\_\_\_\_  
School: Highest grade completed: \_\_\_\_\_
- 28) Father's age: \_\_\_\_\_ If deceased, how old was the child when he passed away?: \_\_\_\_\_  
School: Highest grade completed: \_\_\_\_\_
- 29) If parents are separated or divorced, how old was the child then?: \_\_\_\_\_  
Who has legal custody of the child? \_\_\_\_\_ Describe living/visitation arrangement for the child.  
\_\_\_\_\_  
\_\_\_\_\_
- 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Step and/or half siblings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35) 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 \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_

Please indicate with a check mark whether there is any family history of any of the following difficulties. Include parents, siblings, grandparents, aunts, uncles, cousins. If present, please specify relationship.

Difficulty	Relationship
<input type="checkbox"/> Mental Retardation	_____
<input type="checkbox"/> Attention Deficit Disorder or Attention Problems	_____
<input type="checkbox"/> Tourettes' Syndrome or Tic Disorder	_____
<input type="checkbox"/> Learning Disabilities/Failure	_____
<input type="checkbox"/> Communication Disorder	_____
<input type="checkbox"/> Autism	_____
<input type="checkbox"/> Anxiety Problems	_____
<input type="checkbox"/> Obsessive Compulsive/ Repetitive Behaviors	_____
<input type="checkbox"/> Depression	_____
<input type="checkbox"/> Suicide Attempt	_____
<input type="checkbox"/> Sexual or Physical Abuse	_____
<input type="checkbox"/> Drug Abuse	_____
<input type="checkbox"/> Alcoholism	_____
<input type="checkbox"/> Legal Difficulties	_____
<input type="checkbox"/> Schizophrenia	_____
<input type="checkbox"/> Psychiatric Hospitalizations	_____
<input type="checkbox"/> Use of Psychiatric Medications	_____
<input type="checkbox"/> Thyroid Problems	_____
<input type="checkbox"/> Genetic/Metabolic Disorders	_____
<input type="checkbox"/> Other Mental Health Concern	_____

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:

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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:

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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.

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### School Information

Childs School \_\_\_\_\_ Grade \_\_\_\_\_

Address of School \_\_\_\_\_

School Telephone Number \_\_\_\_\_

Describe areas of academic concern for your child. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you rate your child's overall intelligence level compared to other children?  
\_\_\_\_\_ below average \_\_\_\_\_ average \_\_\_\_\_ above average \_\_\_\_\_ gifted

To the best of your knowledge, at what grade level is your child functioning?  
Reading \_\_\_\_\_ Spelling \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_

School Achievement/Ability testing results (if known) \_\_\_\_\_  
\_\_\_\_\_

At what age did you child enter kindergarten? \_\_\_\_\_

Has you child ever repeated a grade? \_\_\_\_\_

Present grade placement: regular class \_\_\_\_\_ or special class \_\_\_\_\_  
Please specify intensity level (I-VI) and educational diagnosis.  
\_\_\_\_\_

Does your child currently receive any remedial services at school or other facility?  
\_\_\_\_\_  
\_\_\_\_\_

Describe any concerns raised by your child's current or past teachers.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE BRING THIS AND OTHER ASSESSMENT MATERIALS TO  
WITH YOU AT THE TIME YOUR APPOINTMENT ON : \_\_\_\_\_