

Child and Adolescent Patient History Form

Name (First Middle Last): _____

Gender (male/female): _____

Date of Birth: _____

Mother's Name (First Middle Last): _____

Age: _____ Occupation: _____

Contact Information: Phone Numbers - Home (____) _____

- Cell (____) _____

- Work (____) _____

Address: _____

Father's Name (First Middle Last): _____

Age: _____ Occupation: _____

Contact Information: Phone Numbers - Home (____) _____

- Cell (____) _____

- Work (____) _____

Address: _____

SOCIAL HISTORY

Mother's Marital Status: _____

Father's Marital Status: _____

This child lives with: _____

Other children in the family:

Date of Birth	Name
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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Is there any history of Abuse (Physical/Sexual/Emotional): Y/N

Is this child/adolescent sexually active: Y/N

Has this child/adolescent ever had interactions with the legal system: Y/N

Arrests, Court Appearances, Community Service

Are there any problems with Alcohol, Tobacco or Illegal Substances Y/N

EDUCATION

Current Grade in School: _____

Has this child/adolescent had to repeat an academic year: Y/N

Have there been any disciplinary problems in school: Y/N

Suspensions, Detentions, Expulsions, Truancy

Is there any history of Learning Disabilities: Y/N
 Has this child/adolescent ever received any Special Education services: Y/N

MEDICAL HISTORY

Does this child/adolescent have any history of :

Chest pain or heart problems Y/N
 Seizures Y/N
 Operations/Surgeries Y/N
 Head injuries/loss of consciousness Y/N
 Frequent dizziness/light headedness/fainting Y/N
 Frequent headaches Y/N
 Hospitalizations Y/N
 Other ongoing medical issues Y/N

Please List: _____
 Reaction to drugs or food (allergies) Y/N

Please List: _____

List all medications currently taken

Medication	Dose	Date Started	Response
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DEVELOPMENTAL HISTORY

Any problems with pregnancy or delivery: Y/N

Any problems with development or reaching milestones:

Growth (Height/Weight/Head Circumference) Y/N
 Walking/Crawling/Moving/Coordination Y/N
 Speech/Talking Y/N
 Bowel/Bladder function Y/N
 Social Development/Interaction Y/N
 Hearing/Vision Y/N
 Onset of Puberty Y/N

FAMILY HISORY

Is there any family history of

Bipolar Disorder Y/N
 Depression Y/N
 Anxiety Y/N
 Schizophrenia Y/N
 ADD/ADHD Y/N
 Seizures Y/N
 Chest pain or heart problems Y/N
 Alcohol or drug problems Y/N
 Mental Retardation or Autism Y/N

Other Mental Health Problems Y/N

SOCIAL INTERACTIONS

This child/adolescent:

Gets along with others the same age	Y/N
Gets along with adults	Y/N
Easily makes friends	Y/N
Is able to keep friends	Y/N
Has problems with peer pressure	Y/N
Has appropriate social skills	Y/N
Has problems with aggression (fights/threats)	Y/N
Is destructive of property	Y/N
Steals	Y/N
Lies	Y/N
Often loses temper/tantrums	Y/N
Often argues with adults	Y/N
Actively defies/refuses to comply with rules	Y/N
Does things to deliberately annoy others	Y/N
Blames others	Y/N
Often touchy or easily annoyed	Y/N
Often angry or resentful	Y/N
Often spiteful or vindictive	Y/N

ATTENTION

This child/adolescent often:

Fails to give close attention to details or makes careless mistakes	Y/N
Has difficulty sustaining attention	Y/N
Does not seem to listen when spoken to directly	Y/N
Does not finish tasks	Y/N
Has trouble organizing	Y/N
Avoids tasks that require sustained mental effort	Y/N
Loses things	Y/N
Forgets things	Y/N
Is easily distracted	Y/N

HYPERACTIVITY/IMPULSIVITY

This child/adolescent often:

Fidgets or squirms	Y/N
Has trouble sitting still	Y/N
Runs or climbs excessively	Y/N
Has difficulty doing things quietly	Y/N
Has excessive energy	Y/N
Talks excessively	Y/N
Blurts out answers	Y/N
Has difficulty waiting	Y/N
Interrupts or intrudes	Y/N
