

**Brief Personal History (Child)**

*May be completed by parent or guardian.*

Name of person completing the form and relation to the child: \_\_\_\_\_

Date of first session: \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address (including city, state and zipcode) \_\_\_\_\_

Preferred phone \_\_\_\_\_ Best times to reach parent: \_\_\_\_\_

Ok to leave message? yes no School \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Contact and relation of the person to the child:

\_\_\_\_\_

**Family History**

Mother's Name, age, and health/living status: \_\_\_\_\_

Father's Name, age, and health/living status: \_\_\_\_\_

Marital status of parents and custody arrangement if divorced (Please bring a copy of the custody agreement to first session): \_\_\_\_\_

\_\_\_\_\_

Other significant caregivers: \_\_\_\_\_

Siblings (names and ages): \_\_\_\_\_

Other people living in the home(s) where child lives: \_\_\_\_\_

Ethnic background or identity: \_\_\_\_\_

Religious Preference/Affiliation \_\_\_\_\_

**Medical History**

Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address (at least city) \_\_\_\_\_

Current Medications and Doses \_\_\_\_\_

Date of last Medical Exam and significant health issues \_\_\_\_\_

\_\_\_\_\_

Significant past and current medical/health events: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family History**

Please describe family history of psychiatric issues, suicide attempts, or drug/alcohol use, both in biological and non-biological families: (Please write on the reverse if there's not enough space here.)

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Has your child or your family been in psychotherapy before?      Yes    No  
approximate dates and issues addressed: \_\_\_\_\_

With whom and where? \_\_\_\_\_  
\_\_\_\_\_

How would you describe the prior therapy? \_\_\_\_\_  
\_\_\_\_\_

What brings you to therapy now and what is your child's understanding of why you are coming? \_\_\_\_\_  
\_\_\_\_\_

Please describe any significant factors in your child's developmental (e.g. delays, learning disabilities, medical issues, prenatal factors): \_\_\_\_\_  
\_\_\_\_\_

Please describe current stressors in your child and your family's life: \_\_\_\_\_  
\_\_\_\_\_

What significant losses has your child or your family experienced in the last 5 years?  
\_\_\_\_\_  
\_\_\_\_\_

What sources of conflict are there in your family currently, and how does your family deal with conflict?  
\_\_\_\_\_  
\_\_\_\_\_

What else would you like me to know? \_\_\_\_\_  
\_\_\_\_\_

What would you like your child to gain from therapy? \_\_\_\_\_  
\_\_\_\_\_

Who referred you to me or how did you find out about my services? \_\_\_\_\_

May I thank the person for the referral? \_\_\_\_\_