

To be completed by the child's parent/guardian

New Date Field

Client Legal Name - Last, First

Date of Birth

Client Address

Who were you referred by:

Household Composition - Primary Residence

List name, age, relationship of all living here

Household Composition, Secondary Residence (If any)

List name, age, relationship of all in second home

Parent's Marital Status / Family of Origin

Parent's marital status



Adoption Status



List Child's Siblings names and ages:

Current Medications

List medications, dose, reason, effectiveness

Child's Medical History

Choose Any that Apply

- Asthma
- Recurrent Ear Infections/tubes
- Eye/Vision problems
- EEG, MRI, or CT
- Meningitis/encephalitis
- Seizures
- Head Injury/Concussion
- Developmental Delay
- Slow Weight Gain

List Hospitalization Dates

Choose Any that Apply

- Bowel Problems
- Thyroid Disease
- Diabetes
- Measles, Whooping Cough, Mumps, Scarlet Fever, Pox
- Lead/Toxic chemical exposure
- Irregular Menstrual Period
- Pregnancy
- Palsy or Difficulties Walking

List Surgeries and Dates

List any Allergies

List Other Relevant Medical History

Check any that apply in past 30 Days

- Can't Concentrate or pay attention
- Restless or Hyperactive
- Talks too much or talks out of turn
- Impulsive or acts without thinking
- Trouble staying seated
- makes careless mistakes
- Fails to finish things he/she starts
- Irritability
- Daydreams or gets lost in thoughts
- Inattentive or easily distracted
- Difficulty following directions
- Police Contact
- Angry or resentfull
- Argues or does not follow rules
- Annoys others purposely
- Bullies/Threatens/Intimidates
- Physical Aggression
- Has set fires intentionally
- Stealing / Shoplifting
- Tantrums or loses temper easily
- Lies/blames others for own misbehavior
- Cruel to animals
- Violates Curfew / has run away
- Suspected Alcohol or

Check Any that apply in Past 30 Days

- Bedwetting/soiling self
- Has been bullied
- Frequent Sadness/irritabililty
- Tearful / Cries easily
- Low energy level
- Loss of interest in favorite activities
- Low self-esteem / Guilt
- Dislike of his/her body
- Gets feelings hurt easily
- Has trouble making or keeping friends
- Severe changes in mood
- Talks too much/too fast/changes topic quickly
- Thought racing
- Inflated self esteem
- Difficulty Controlling Emotions
- Worries about safety of self / others
- Unusual worries or fears
- Panic attacks
- Obsessive thoughts
- Panics when separated from parent
- Unusual behaviors dressing, bathing, mealtime or rituals
- Picky eater

Check Any that apply in past 30 days

- Sees/hears things that are not real
- Confused thinking
- Feels people are 'out to get' him/her
- Behaves like a younger child
- Has trouble communicating
- Sensory experiences /issues
- Makes repetitive sounds / movements
- Fascinated with parts of toys or machines
- Is not affectionate
- Lack of imaginary / pretend play
- Avoids / seems obsessed with certain things
- Does not seek to share interests
- Does not make friends / is in own world
- Does not keep eye contact
- Must follow rituals or routines
- Needs little sleep - rested after 3-4 hours
- Cannot fall asleep even though tired
- Problems staying asleep / nightmares
- Unable to care for hygiene/nutrition/basic needs
- Nervous ticks or other repetitive movements

- Drug Use
School
- Suspensions/Alternative
School
- Inappropriate Sexual
Activity
- History of unwanted
sexual contact

- Self-injury / Cutting /
Curling
- Suicidal thoughts /
threats / actions
- Witness to domestic
violence
- History of physical
abuse

- repetitive movements
or noises
- Grief or loss
- LGBTQ concerns
- Friendship or
relationship problems
- History of sexual abuse

Developmental History

How long was baby in
hospital after birth? _____

Baby's weight at birth

Biological Mother's Age
at Birth _____

If adopted, child's age at
adoption. _____

List Complications at
Birth _____

Problems experienced by
mother during pregnancy _____

This child's personality/
temperament age 0-3years

- Easy Going
- Slow to warm to others
- Demanding/difficult to
please

List any missed developmental milestones

Explain any Mental Health/Dependency Treatment

Educational History

School Attended: _____

Current Grade _____

Check all that apply:

- Child repeated a grade
- Child skipped a grade

If grade skipped/repeated: What Grade? Reason?

What kind of grades does your child get?

Are you satisfied with child's grades? Explain

Check services your child has EVER received

- Special Ed/Resource Services
- Occupational Therapy
- Self-contained Classroom
- Speech /Language Therapy
- Social Work / Counseling at School
- Tutor or Class Aid
- IEP or 504 Plan
- After-School Help

Check any your child has difficulties with

- Peer Relationship Issues
- Spelling Difficulties
- Reading Difficulties
- Math Difficulties
- All Subject Difficulties
- Gifted/Accelerated Classes

Community Linkage

Child sees school
counselor/psychologist? ▼

If yes, what is their name:

Is child involved with court/legal system? ▼

If yes, who it the probation officer
assigned?

Has family had involvement with CPS? ▼

If yes, who is the caseworker assigned?

Activity

Hours /day child watches tv/videos or
video game?

Hours/day child spends completing
homework:

Child's Usual Bedtime?

Child's usual wake up
time?

Usual number of hours
slept at night?

Describe Child's Special Interests or Hobbies

Describe any job/work history your child has had.

Describe child's strengths, talents, achievements

Check all that apply in past 6 months:

- Change in household conflict
- Separation/Divorce
- Marriage
- Remarriage
- Death in Family
- Loss of job
- New Job

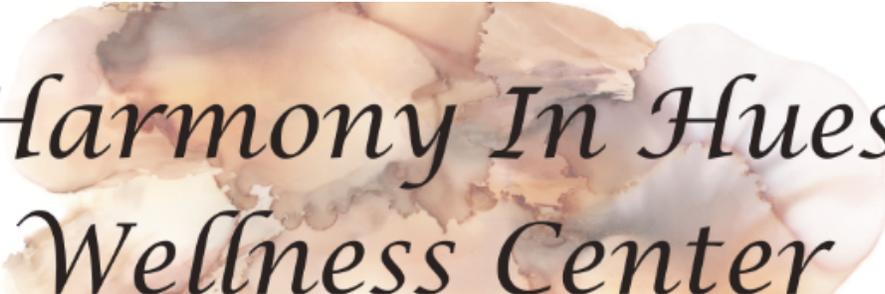
Check all that apply in last 6 months

- Change in Living Situation
- Trauma / Injury
- Serious Injury / Hospitalization
- New Baby
- Legal Trouble
- Change in Military Status
- Death of friend or peer

Discuss any family history mental health or addictive disorders.

Include the person's relationship to the child.

List any other information about the child's history or family history that you would like us to be aware of?



*Harmony In Hues
Wellness Center*

New Signature Field

 Erase  Type

New E-Mail Field

New Date Field
