



**PAST/PRESENT MEDICAL CARE** (major medical problems, surgeries, accidents, falls, illness):

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**SPECIFY MEDICATION** your child is presently taking and for what. Please **PRINT** clearly:

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**SUICIDE ATTEMPT/S or VIOLENT BEHAVIOR** (describe ages, reasons, circumstances, how, etc.):

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**FAMILY MEDICAL HISTORY** (describe any illness that runs in the family: cancer, epilepsy, diabetes, etc.):

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**SPIRITUALITY** (describe quality, frequency, activities, etc.):

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**PAST/PRESENT Mental Health Treatment:** (specify: month & year(s) beginning to end; estimate number of sessions; name, degree, address and phone number of therapist(s); initial reason for therapy; Individual/Couple/Family/Group; medication prescribed; brief description of the relationship with therapist and how helpful it was, and why it ended):

1. 

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*USE THE TOP OF PAGE 3 AND/OR THE BACKSIDE IF NEEDED TO INCLUDE MORE INFORMATION ABOUT PSYCHOTHERAPISTS*

2. \_\_\_\_\_  
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**DESCRIBE YOUR CHILD’S CHILDHOOD IN GENERAL** (Relationships with parents, siblings, peers, others, school, neighborhood, relocations, any school/behavioral/problems, abusive/alcoholic parent):

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

**IF PARENTS DIVORCED:** Child’s age at the time: \_\_\_\_\_ Describe how it affected your child at the time

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

**CHILD’S SUPPORT SYSTEM:** (Do you feel your child has adequate support from family/friends, etc):

Yes/No – Explain: \_\_\_\_\_

**FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS OR VIOLENCE** (including suicide, depression, hospitalizations in mental institutions, abuse, etc.):

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

**IS YOUR CHILD INVOLVED IN ANY CURRENT OR PENDING CIVIL OR CRIMINAL LITIGATION/S, LAWSUIT/S OR DIVORCE OR CUSTODY DISPUTES?** (If you answer YES, please explain):

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\_\_\_\_\_

What gives your child the most joy or pleasure in life?

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

What are your child’s main worries or fears?

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\_\_\_\_\_