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Child Background Information

Today's date: _____
Name of person filling out this form: _____
Relationship to the child described below: _____

DEMOGRAPHIC INFORMATION

Name of Child _____ Male _____ Female _____
Child's date of birth _____ Child's age _____
Grade in School _____ Dominant hand: Left _____ Right _____
Home phone _____ Alternative phone _____
Home address _____
How long at present address? _____
List moves or past addresses this child has experienced:

Father or Parent #1 name _____ Age _____ Education _____
Parent #1 occupation _____ Parent #1 place of employment _____
Work phone _____ Email _____

Mother or Parent #2 name _____ Age _____ Education _____
Parent #2 occupation _____ Parent #2 place of employment _____
Work phone _____ Email _____

Is this child adopted? Yes _____ No _____ If so, age when adopted: _____
Are the parents: Married _____ Separated _____ Divorced _____ Never Married _____
With whom does this child live? _____

If divorced or separated, please answer the following questions:
How old was this child when the separation/divorce occurred? _____
Who has custody of this child? _____
Does the non-custodial parent know you are seeking services for this child?
Yes _____ No _____ Please provide address: _____
Does the child see the other parent? Yes _____ No _____ If yes, how often? _____
How do you and the other parent work out parenting?

Is this child in daycare or care other than the parent(s)? Yes _____ No _____
If yes, what is the name of that person? _____
Phone number of that person? _____

Has the child ever lived with anyone other than you? Yes _____ No _____ If yes, please describe:

Please list all the family members that currently share this residence:

Name	Age	Sex	Relationship

Describe the current problem from your perspective:

How does this problem affect daily life?

What answers do you hope to get from therapy or this assessment? How do you hope it to help this child and the family?

Have there been any major stresses or trauma in this child's life?

Has this child lost a member of your family or someone close to them through death? Yes _____ No _____ If yes, who was the person(s) and when was it?

Has this child ever been physically, emotionally or sexual abused? (circle all that apply) Yes _____ No _____ If yes, please describe:

Has there ever been a report to child protective services made about you or your family?
Yes _____ No _____ If yes, please describe the report and when it occurred:

MEDICAL HISTORY

Child's current height _____ Child's current weight _____

Does this child receive regular medical care? Yes _____ No _____

Child's last physical exam _____

Primary Care Physician _____

Does this child have allergies? If so, what are they? _____

Other providers involved in this child's care: _____

Please list any conditions for which this child is currently receiving medical care:

Is this child on any medication? Yes _____ No _____

Please list these medications (include over the counter medications):

<u>Medication</u>	<u>Condition</u>	<u>Dosage</u>	<u>a.m.</u>	<u>p.m.</u>
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Does this child have, or has he/she had any significant injuries, hospitalizations, or illnesses that required medical attention (past and/or present)? Yes _____ No _____.

If so, please list:

Has this child had any accidents? (broken bones, severe lacerations, fractures, burns)?

Yes _____ No _____ Describe:

Does this child have eyesight or hearing problems? Yes _____ No _____

Please explain:

Does this child have dental problems? Yes _____ No _____

Please explain:

When this child was an infant, how old was your house?

Please circle any of the following to which this child may have been exposed:

Lead Asbestos Vinyl chloride Formaldehyde

Other toxins? (medication, household chemicals, plants)

Circle any of the following medical problems that either the child has had, or family members have had. Mark a C by problems the child has had and an R by any problems that a blood relative has had.

Alcoholism	Arthritis	Asthma
Blackouts/fainting	Cancer	Chronic back pain
Depression	Anxiety	Drug abuse/dependency
Diabetes	Ulcers	High/low blood pressure
Emphysema	Epilepsy/seizures	Nervous breakdown
Ear infections	Frequent infections	Tuberculosis
Mental retardation	Heart trouble	Thyroid problems
Menstrual problems	Kidney problems	Stomachaches
Jaundice	Strokes	Headaches
Skin problems	Sexually transmitted disease	
Mental/emotional problems	Mood disorders	

Does the child have staring episodes in which you cannot get his or her attention?

Yes____ No____ Please describe:

-Following the episodes, does the child display purposeless motor movements, such as lip smacking, eye, hand or mouth twitching: Yes____No____

Describe:

-Following the episodes does the child appear confused: Yes____ No____

Describe:

Circle any of the following childhood problems which apply to this child and write the age at which they occurred:

Bedwetting	Stuttering	Learning problems
Soiling	Daydreaming	Sleepwalking
Repeated nightmares	Shyness	Nail biting
Night terrors	Weight problems	Excessive fighting
Temper tantrums	Delayed speech	Tics
Slow physical development	Picky eating	Repeated vomiting
Bowel problems	Thumb sucking	Crying spells
Imaginary playmates	Irritability	Hopelessness
Excessive masturbation	Bullying	Hurt animals
Defiance	Other:	

Evaluate this child on the following items using this scale:

1 = poor; 2= fair, 3 = average, 4=above average, 5 =excellent

Nutritional habits: 1 2 3 4 5

Sleep habits: 1 2 3 4 5

Level of energy 1 2 3 4 5

Ability to concentrate 1 2 3 4 5

Stability of moods 1 2 3 4 5

Is there any other child or family medical information that might be important?

DEVELOPMENTAL HISTORY

What was the mother's age when this child was born?

Length of pregnancy (full term, 40 weeks, 32 weeks, etc.)?

Length of delivery (number of hours from initial labor pains to birth)?

Were there any unusual circumstances or complications during the time this child was in utero?

Was the mother ever hospitalized during the pregnancy? If so, for what and at what stage of the pregnancy? (Eg. Injury, virus, etc)

How was the mother's health during pregnancy? (Circle)

Good Average Poor Don't know

What pregnancy was this for the mother (1st, 2nd, etc)?

How many living children did the mother have before this pregnancy? _____

Weeks of gestation: _____

Duration of labor: _____

Type of delivery:

Normal (Vaginal)

Breech (Vaginal)

Forceps or suction (Vaginal)

Induced (Vaginal)

Cesarean (planned)

Cesarean (emergency)

Other

Circle any of the following conditions that occurred during pregnancy/delivery:

Bleeding

Excessive weight gain

Toxemia/preeclampsia

Rh factor incompatibility

Frequent nausea/vomiting

Serious illness or injury

Took illegal drugs

Medication for labor pain

Delivery induced

Forceps used

Had breech delivery

Had C section

Smoked cigarettes: List approximate number per day:

Used alcoholic beverage: List approximate number of drinks per week

Took prescription medication: List

Delivered with cord around neck

Heart problems during delivery

Injury during delivery

Had trouble breathing following delivery

Was jaundiced, turned yellow

Baby was given medications

Born with a congenital defect

Other problems?

Needed oxygen

Had an infection

Had seizures

Child's birth weight? _____ Length? _____

Were there any complications during or following birth? Yes _____ No _____

Describe: (jaundice, congenital, lack of oxygen, breathing problems, infections)

During the first 12 months, was this baby a difficult baby? Yes _____ No _____ If yes, how so? (feeding, sleep, colicky, schedule, overactive)

At what age did this child:

Sit up?

Crawl?

Walk without assistance?

Say his/her first word?

Put together 2 – 3 words?

Speak in complete sentences?

Complete toilet training during the day? Dry at night?

What was this child's reaction to a wet diaper:

Low intensity

Average Intensity

High intensity

At what age was this child toilet trained?

Day _____

Night _____

Does the child currently have any bowel or toileting problems?

Yes

No

Describe:

Rate the regularity of the child's following bodily functions as an infant:

Sleep

Above Average

Average

Irregular

Feeding

Above Average

Average

Irregular

Bowel movements:

Above Average

Average

Irregular

Describe any of the above irregularities:

During the first two years of life, how would you rate the child's activity level or tendency to be in physical motion:

Low activity Average activity High activity

As an infant and young child, what is this child's initial reaction to any new stimulation, such as new objects or people? Adapts easily Average Adaptation Adapts slowly
Describe:

List any other concerns of infancy and early childhood:

Did this child attend preschool? Yes _____ No _____ If yes, at what age?

How did this child adapt to starting preschool and kindergarten?

Circle any of the following that apply to this child:

Happy	Sad	Optimistic	Pessimistic	Outgoing
Introverted	Calm	Stubborn	Jumpy	Flexible
Stubborn	Leader	Follower	Kind	Cuddly
Withdrawn	Difficult to comfort		Irritable	Angry

Compared to others of this child's age, how is this child's:

Gross motor coordination	Worse	Average	Better
Fine motor coordination	Worse	Average	Better
Speech articulation	Worse	Average	Better

How were his/her peer relationships at this time? (poor) 1 2 3 4 5 (excellent)

Please describe any concerns about these problems at any point in the child's development:

Does this child have any current sleep problems?

Does this child have any current appetite or food issues?

Has this child received any mental health consultation or evaluations? Yes No
When and by whom:

How does this child prefer to spend his/her leisure time?

During the elementary school years, please rate the quality of this child's peer relationships: (poor) 1 2 3 4 5 (excellent)

List any clubs, organized sports, or formal organizations (eg., band, choir) this child belonged to in the past or currently belongs to (please note if past or current).

What does this child typically do to get into trouble?

Who typically disciplines this child?

What is your typical discipline method and how does it work?

Do the parents have firm expectations about grades? Yes _____ No _____

Describe:

If relevant, does this child have a curfew? Yes _____ No _____

If yes, how do you enforce it? Does the child honor it? What happens if the child is late?

What chores does this child or teen have?

How are this child's grades currently? (poor) 1 2 3 4 5 (excellent)

Have the grades improved or worsened lately?

How are this child's study habits? (poor) 1 2 3 4 5 (excellent)

Has this child reached puberty? Yes _____ No _____ If so, at what age? _____

How was this child first informed about puberty?

If this child is an adolescent please answer the following questions. (If not skip to page Educational History section.)

What is the quality of this teen's peer relationships? (poor) 1 2 3 4 5 (excellent)

What is the quality of this teen's relationship to parents?

(poor) 1 2 3 4 5 (excellent)

What is the quality of this teen's relationship to other authority figures?

(poor) 1 2 3 4 5 (excellent)

What is the level of this teen's interest in school?

(poor) 1 2 3 4 5 (excellent)

What is the level of this teen’s motivation to succeed?
(poor) 1 2 3 4 5 (excellent)

Has this teen started dating? Yes _____ No _____
If yes, please describe these relationships or list any concerns:

Does this teen smoke cigarettes (tobacco)? Yes _____ No _____

Has this teen experimented with alcohol and/or drugs?
Yes _____ No _____ If yes, please describe:

Has there been any change in physical appearance, such as a difference in dress?
Yes _____ No _____ If yes, please describe:

Is this teen sexually active? Yes _____ No _____ Please describe:

Does this teen talk about problems with gender identity? Yes _____ No _____
If yes, please describe:

Has this teen ever been employed? Yes _____ No _____
If yes, when? Where?

Where there any employment problems? Yes _____ No _____ If yes please describe:

Does this teen have any career interests, goals, or interest in college?
Yes _____ No _____ Please describe:

Does this teen have any special interests or hobbies? Yes _____ No _____
If yes, please describe:

EDUCATIONAL HISTORY

Record any concerns expressed by school personnel regarding the child's academic, behavioral, or social functioning during the following grades. Please record any formal testing, special education placements including IEP and 504's and retentions and bring copies of such to the initial meeting.

Preschool:

Kindergarten:

First grade:

Second grade:

Third grade:

Fourth grade:

Fifth grade:

Sixth grade:

Seventh grade:

Eighth grade:

Ninth grade:

Tenth grade:

Eleventh grade:

Twelfth grade:

-Have this child been in any type of special education or remedial program? Yes No
If yes, please describe type and how long:

Have any of the following regular classroom modifications been made to address the child's school problems?

Modified work load (length, amount)

Using timers

Modified grading

Oral testing

Formal school-home note or report of work other than report card:

In-class token program

Other:

Has the child ever been retained in a grade? Yes No If yes, which grade?

How much time does this child currently spend doing homework?

How much of the homework is uncompleted schoolwork?

Any problems with homework completion?

Parent report of past and current grades:

Are there problems with school attendance? Describe:

Are there problems with behavior at school? Describe:

Are there problems at home in regard to school issues? Describe:

SOCIAL RELATIONS

Compared to other children this age, how well does the child:

-Get along with other children of his/her age?	Worse	Average	Better
-Get along with younger children?	Worse	Average	Better
-Get along with older children?	Worse	Average	Better
-Get along with siblings?	Worse	Average	Better
-Get along with parents?	Worse	Average	Better
-Get along with other authority figures?	Worse	Average	Better

Describe any concerns or difficulties that this child has relating to others:

EMOTIONAL AND BEHAVIORAL FUNCTIONING

Please indicate whether this child exhibits any of the following behaviors and describe:

Is easily over-stimulated in play	Yes	No
Has a short attention span	Yes	No
Lacks self-control	Yes	No
Seems unhappy most of the time	Yes	No
Withholds affection	Yes	No
Hides feelings	Yes	No
Has fears	Yes	No
Seems overly energetic in play	Yes	No
Seems impulsive	Yes	No
Overreacts when faced with a problem	Yes	No
Seems uncomfortable meeting new people	Yes	No
Requires a lot of parental attention	Yes	No

Please indicate whether this child has mastered the following skills:

<u>Skill</u>	<u>Mastered?</u>		<u>Age skill was mastered</u>
	<u>circle</u>		
Dresses self	Yes	No	Age
Prepares or buys presents for others	Yes	No	Age
Know how to get help or find home if lost	Yes	No	Age
Says please and thank you	Yes	No	Age
Completes daily hygiene (bath, brush teeth)	Yes	No	Age
Has good table manners	Yes	No	Age
Tells time accurately	Yes	No	Age
Manages own money well	Yes	No	Age

Do you have any concerns about this child's mood or emotions? Yes No

Describe:

How would you describe this child's recent emotional state (e.g. happy, sad, mad, nervous, worried, anxious, depressed, unpredictable, frightening)? Why?

Do you have any concerns about this child's self-esteem?

Has this child ever used a weapon that can cause serious physical harm to others (e.g. bat, brick, broken bottle, knife, gun)? Yes No Describe:

Has this child ever threaten to use a weapon to cause serious harm? Yes No Describe:

Has this child been physically cruel to people or animals? Yes No Describe:

Has this child stolen? Yes No Describe:

Has this child ever had sexual behavior problems? Yes No Describe:

Has this child deliberately set a fire with the intention of causing harm? Yes No Describe:

Has this child deliberately destroyed others' property? Yes No Describe:

Has this child ever run away from either home or school? Yes No Describe:

Has this child ever voiced intent to harm him/herself? Yes No Describe:

Has this child ever voiced intent to harm others? Yes No Describe:

Has there been any history of physical, sexual or emotional abuse or neglect?
Yes No Describe:

Has this child ever experienced any physical, emotional, or environmental trauma (rape, hurricane, fire, etc)?
Yes No Describe:

Has this child ever experience significant grief or loss? Yes No Describe:

Does this child report flashbacks, nightmares or re-occurring thoughts or physical sensations?
Yes No Describe:

Does this child report seeing or hearing things that other people can not see or hear?
Yes No Describe:

Does the child engage in repetitive activities and movements?
Yes No Describe:

Is this child currently seeing a counselor, psychologist, or psychiatrist?

Yes _____ No _____

If yes, what is that person's name(s)? _____

Phone number? _____

Has this child seen a counselor, psychologist, psychiatrist or therapist in the past?

Yes _____ No _____

If yes, what was the person's name(s)? _____

Phone number? _____

Has this child ever had any form of psychological evaluation? Yes ___ No ___

If yes, who did the evaluation?

Please describe (include age and approximate dates):

CHILD SYMPTOM CHECKLISTS

Please check which rating best describes the child's overall behavior:

Behavior	Never	Some-times	Often	Very Often
1. Fails to give close attention to details or makes careless mistakes in school-work, work, or other activities.				
2. Has difficulty maintaining attention in tasks or play activities.				
3. Does not seem to listen when spoken to directly.				
4. Does not follow through on instructions and fails to finish schoolwork or chores (not due to oppositional behavior or failure to understand instructions).				
5. Has difficulty organizing tasks and activities.				
6. Avoids, dislikes, or is reluctant to engage in tasks that require continued mental effort (such as schoolwork or homework).				
7. Loses things necessary for tasks or activities (for example; toys, school assignments, pencils, books, or tools).				
8. Is easily distracted by other things going on.				
9. Is forgetful in daily activities.				

Behavior	Never	Some-times	Often	Very Often
1. Fidget with hands or feet or squirms in seat.				
2. Leaves seat in classroom or in other situations in which remaining seated is expected.				

3. Runs about or climbs too much in situations in which it is inappropriate.				
4. Has difficulty playing quietly.				
5. Is "on the go" or acts as if driven by a motor.				
6. Talks too much.				
7. Blurts out answers before questions have been completed.				
8. Has difficulty awaiting turn.				
9. Interrupts or intrudes on others (for example, butts into conversations).				

Behavior	Never	Some-times	Often	Very Often
1. Loses temper.				
2. Argues with adults.				
3. Actively defies or refuses to mind adults' requests or rules.				
4. Deliberately annoys people.				
5. Blames others for his or her mistakes or misbehavior.				
6. Is touchy or easily annoyed by others.				
7. Is angry or resentful.				
8. Is spiteful or vindictive (for example, takes anger out on others or tries to get even).				

Behavior	Never	Some-times	Often	Very Often
1. Bullies, threatens, or intimidates others with or without a weapon.				
2. Starts physical fights.				
3. Lies to obtain goods or favors or to avoid obligations (cons others) or stolen items of value.				
4. Stays out at night despite parents not allowing him or her to do so.				
5. Is truant from school.				
6. Has destroyed property with intent to cause serious damage.				

Genetic Family History

Child's Maternal Relatives

Problem	Relationship (e.g. mother, aunt, etc)
Seizures	
Tics or Tourettes	

Migraines	
Problems with aggressiveness, defiance, and oppositional behavior as a child	
Problems with attention, activity, and impulse control as a child	
Learning problems	
Failure to graduate from high school	
Mental retardation	
Schizophrenia, psychosis, "nervous breakdown"	
Depression	
Anxiety	
Antisocial behavior	

Child's Paternal Relatives

Problem	Relationship (e.g. mother, aunt, etc)
Seizures	
Tics or Tourettes	
Migraines	
Problems with aggressiveness, defiance, and oppositional behavior as a child	
Problems with attention, activity, and impulse control as a child	
Learning problems	
Failure to graduate from high school	
Mental retardation	
Schizophrenia, psychosis, "nervous breakdown"	
Depression	
Anxiety	
Antisocial behavior	

Child's Siblings

Problem	Relationship (e.g. brother, sister etc.)
Seizures	
Tics or Tourettes	
Migraines	
Problems with aggressiveness, defiance, and oppositional behavior as a child	

Problems with attention, activity, and impulse control as a child	
Learning problems	
Failure to graduate from high school	
Mental retardation	
Schizophrenia, psychosis, "nervous breakdown"	
Depression	
Anxiety	
Antisocial behavior	