

# resilient kids

integrative counseling for children & adolescents

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers (Home/Work/Cell): \_\_\_\_\_

## **Behavioral Excesses:**

What does your child currently do too often, too much or at the wrong times that gets them into trouble? Please list all of the behaviors you can think of.

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## **Behavioral Deficits:**

What does your child fail to do as often as you would like, as much as you would like or when you would like? Please list all of the behaviors that you can think of.

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## **Behavioral Assets:**

What does your child do that you like? What do they do that other people like?

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## **Other concerns:**

Do you have other concerns about your child or your family that you have not yet mentioned?

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**Treatment Goals:**

From the list of your child's behavior and your family concerns, what problem behaviors do you want to see change FIRST?:

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**Family History:**

The name of the child's biological parents and current ages:

Mother \_\_\_\_\_ age: \_\_\_\_\_ Father: \_\_\_\_\_ age: \_\_\_\_\_

Who has legal guardianship of the child: \_\_\_\_\_

Who does the child currently live with: \_\_\_\_\_

Names	Ages	Relationship to child
_____		
_____		
_____		
_____		
_____		
_____		
_____		

Parent's current marital status:

Date of their marriage: \_\_\_\_\_ Never married: \_\_\_\_\_

Separated for \_\_\_\_\_ years

Date of their divorce: \_\_\_\_\_ Number of years \_\_\_\_\_

Mother remarried \_\_\_\_\_ times Dates \_\_\_\_\_

Father remarried \_\_\_\_\_ times Dates \_\_\_\_\_

Mother involved with someone (name and length of time) \_\_\_\_\_

Father involved with someone (name and length of time) \_\_\_\_\_

Mother deceased for \_\_\_\_\_ years

Age of child at mother's death \_\_\_\_\_

Father deceased for \_\_\_\_\_ years

Age of child at father's death \_\_\_\_\_

Are there any current custody proceedings taking place? \_\_\_\_\_

If parents are sharing custody or if there is visitation, how much time does the child spend with each parent?

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

If there is shared custody, does the child have a change in behavior when making transitions from one home to the other? If yes, please describe.

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Who are your child's significant others NOT living with your child?

Names	Ages	Relationship to child
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How would you describe the emotional climate in your home?

- Outstanding home environment
- Normal home environment
- Chaotic home environment
- Witnessed physical/verbal/sexual abuse towards others
- Experienced physical/verbal/sexual abuse towards others

Does anyone in your child's family currently use (or in the past) any type of drug, tobacco or alcohol? Please describe.

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Please describe any past counseling that your child or other close family member has had.

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What are some of the things that are currently stressful to your child and your family?

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Is there a history of mental illness in your family? Who? Diagnosis?

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Do other children in the family have behavioral or academic problems? Who?

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**Education History:**

What school does your child attend? \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

What does your child's teacher say about him or her?

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What other schools have they attended?

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Has your child ever had to repeat a grade? \_\_\_\_ If so, which one(s): \_\_\_\_\_

Has your child ever received special education services? \_\_\_\_\_

Has your child experienced any of the following problems at school?

_____ Fighting	_____ Lack of friends	_____ Drug/Alcohol
_____ Suspension	_____ Learning disabilities	_____ Poor Attendance
_____ Detention	_____ Gang Influence	_____ Behavior Problems
_____ Poor Grades	_____ Incomplete Homework	_____ Bullying
_____ Other:		

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**Medical History:**

What is the name of your child's medical doctor? \_\_\_\_\_

Date of your child's last medical examination: \_\_\_\_\_

What was the state of the mothers health during pregnancy?

Poor Fair Good Excellent Unknown

Did the mother experience any of the following during pregnancy

\_\_\_\_\_ Bleeding \_\_\_\_\_ High blood pressure \_\_\_\_\_ Nausea \_\_\_\_\_ Vomiting  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Thyroid problems \_\_\_\_\_ Physical or emotional trauma

Did the child's mother use any of the following during the pregnancy?

Tobacco \_\_\_\_\_  
Alcohol \_\_\_\_\_  
Recreational drugs \_\_\_\_\_  
Prescription Drugs \_\_\_\_\_  
Over-the-counter medication \_\_\_\_\_  
Supplements: \_\_\_\_\_  
Others \_\_\_\_\_

How was your child's health in the first year?

Poor Fair Good Excellent Unknown

How would you describe your child's temperament?

\_\_\_\_\_

Has your child experienced any of the following medical problems?

\_\_\_\_\_ Serious accident \_\_\_\_\_ Hospitalization \_\_\_\_\_ Surgery  
\_\_\_\_\_ Head injury \_\_\_\_\_ High Fever \_\_\_\_\_ Seizures  
\_\_\_\_\_ Eye/Ear problems \_\_\_\_\_ Meningitis \_\_\_\_\_ Asthma  
\_\_\_\_\_ Allergies \_\_\_\_\_ Other \_\_\_\_\_

Describe your child's sleep pattern: \_\_\_\_\_

Describe your child's general dietary habits:

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

Please describe any past psychological testing that your child had. When and where did they take place?  
Are the reports available?

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

Please list any current medical problems, diagnosis, or physical handicaps:

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

Please list any medications your child takes on a regular basis:

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**Other History:**

Has your child ever experienced any type of abuse (physical, sexual or verbal)? What was their response? What response did the family take?

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Has your child every witnessed abuse (physical, sexual or verbal)? What was their response? What response did the family take?

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Has your child ever made statements of wanting to hurt him or her self or seriously hurt someone else? \_\_\_\_\_ Have they ever purposely hurt themselves or another person? \_\_\_\_\_ If yes to either question, please describe the situation.

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Has your child ever experienced any serious emotional losses such as the death or physical separation from a parent or other caretaker?

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Has your child ever been in a car accident or experienced a situation that they were confronted by death? Or been a witness to an event where death did or could have occurred? When did it occur? Please describe any behavioral changes that occurred after the event.

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**Environment:**

What are your child's favorite activities?

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Does your child exercise regularly? How much and how often?

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How many hours of television does your child watch? \_\_\_\_\_

How many hours does your child play video games? \_\_\_\_\_

Is your child exposed to violence or frightening images TV, video games or movies? \_\_\_\_\_  
How often? \_\_\_\_\_

Is there anything else that you feel is important that has not been covered?

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Thank you for taking the time to provide a history about your child!