

NORTHLAND CLINIC

CHILD/ADOLESCENT PERSONAL HISTORY

Please help your child's therapist give your child the best treatment possible. Complete this form as thoroughly and accurately as possible. All information will be kept in strict confidence according to the guidelines of confidentiality laws and the Health Insurance Privacy Policies Act (HIPPA).

Form completed by _____ Relationship to patient _____

Personal History

Name _____ Age _____ Date of Birth _____ M F

Address _____ Home phone number _____

City _____ State _____ Zip Code _____

What is this child's ethnic background? _____

Please describe any cultural factors that may be important in this child's life? (i.e.: child celebrates Muslim holidays or wears traditional clothing) _____

Why are you seeking treatment for this child at this time? _____

How long has this child been having this problem? _____

Has this child been seen in therapy before this time? _____ yes _____ no If yes, please

describe _____

How does this child feel about entering treatment at this time? _____

Please list the people who live in the same household as your child (please include people that live in the household full- or part-time):

Mother's Name _____ Age _____ Occupation _____

Father's Name _____ Age _____ Occupation _____

Name	Age	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical History

Name and Address of Child's Physician: _____

Date of most recent physical exam _____

Results of exam _____

Child's Height _____ Child's Weight _____

Has this child's vision been evaluated? ____yes ____no Please describe any vision problems _____

Has this child's hearing been evaluated? ____yes ____no Please describe any hearing problems _____

Immunization History: Are the child's immunizations up to date? ____yes ____no
Please have the child's physician FAX a copy of his/her immunization record to
248-559-8776 (Southfield office) or 248-608-9752 (Rochester office)

Has the child had any major illnesses or operations? Please list with dates: _____

Please list any current physical concerns/conditions: _____

Describe the child's sleep patterns: _____

Describe the child's appetite/eating habits: _____

Please list all medications and/or supplements the child is taking at this time: _____

Does the child currently or has the child in the past taken/used any illegal substances and/or alcohol? If yes, please describe: _____

Has the child ever expressed/threatened suicidal thoughts/plans or attempted to harm him/herself in any way? Please describe: _____

Developmental History

Please answer the following questions regarding the pregnancy with this child:

a. Was this pregnancy planned? _____yes _____no

b. While pregnant, did the mother smoke? _____yes _____no

c. While pregnant, did the mother use alcohol and/or drugs? _____yes _____no

d. While pregnant, did the mother have any medical difficulties? _____yes _____no

Please describe: _____

e. While pregnant, did the mother have any emotional difficulties? ____yes ____no

Please describe: _____

f. While pregnant, did the mother take any drugs, smoke tobacco or drink alcohol?
____yes ____no

Please describe: _____

Please answer the following questions about this child's birth, infancy and young childhood:

- a. Length of labor: _____
- b. Induced? Yes No
- c. Caesarean? Yes No
- d. Describe any complications: _____

- e. Child's birth weight: _____
- f. Child's birth length: _____
- g. Developmental Milestones:

Milestone	Age	Comments
Sitting up alone	_____	_____
Walking – first steps	_____	_____
Talking – first words	_____	_____
Toilet trained	_____	_____
Dressing self	_____	_____

Please circle the words that best describe your child's temperament:

- | | | | |
|----------------|----------------|-----------|-----------------|
| Easy to soothe | Hard to soothe | irritable | easy-going |
| Distractible | shy | withdrawn | anxious/nervous |
| Consistent | inconsistent | | |

School History

Name and Address of school child attends: _____

Child's current grade in school: _____ Teacher's Name: _____

Please describe any academic difficulties this child has in school: _____

Please describe any behavioral/disciplinary difficulties this child has in school: _____

Have there been any recent changes in school performance (academic or behavioral)? Please describe: _____

Please share any information regarding this child's educational history that may be helpful in his/her treatment: _____

Family History

Are the child's parents _____ married _____ separated _____ divorced? If parents are separated/divorced, how old was the child when this occurred? _____.

Is the child adopted or raised by someone other than biological parent(s)? _____ yes _____ no.

Briefly describe the child's relationship with the following family members:

Mother/Female Caregiver: _____

Father/Male Caregiver: _____

Biological brother(s)/sister(s): _____

Step- and/or Half Brother(s)/Sister(s): _____

Has the child ever been the victim of physical or sexual abuse? If so, please describe _____

Please describe the ways in which the child is disciplined and the reasons the child may be disciplined. (For example: The child is required to do extra chores for failing to keep his/her room neat.): _____
