

CHILD/ADOLESCENT  
INFORMATION FORM

Name of Patient \_\_\_\_\_ Date \_\_\_\_\_

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

Name of Person Giving Information \_\_\_\_\_

Chief Complaint \_\_\_\_\_

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**History of Presenting Problem**

A. History of harm to self/suicidal behavior Yes \_\_\_ No \_\_\_

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B. History of aggression/homicidal behavior Yes \_\_\_ No \_\_\_

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C. History of attentional problems/hyperactivity Yes \_\_\_ No \_\_\_

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D. History of fire setting/cruelty to animals Yes \_\_\_ No \_\_\_

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E. History of hallucinations Yes \_\_\_ No \_\_\_

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F. History of abuse (physical, sexual, emotional)  
(Including age of abuse and perpetrator information) Yes \_\_\_ No \_\_\_

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G. History of substance use Yes \_\_\_ No \_\_\_

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H. Criminal or delinquent activity Yes \_\_\_ No \_\_\_

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## Developmental Medical History

A. Pregnancy (including prenatal care/birth)

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B. Developmental Milestones

Achieved within normal limits

Yes\_\_No\_\_

Complications\_\_\_\_\_

C. Problems with Enuresis/Encopresis (bedwetting/soiling)

Yes\_\_No\_\_

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D. History of Seizures

Yes\_\_No\_\_

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E. Problems with Sleep/Appetite/Early Separation

Yes\_\_No\_\_

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F. Medical Problems

Yes\_\_No\_\_

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G. Medications/Allergies

Yes\_\_No\_\_

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## Previous Treatment

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## Social History

A. Family situation/living arrangements (who resides in the home)

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B. Caregiver Employment

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C. Additional Information

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## Spiritual History

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## Family History

(Including biological parents/caregivers)

A. History of substance abuse

Yes \_\_\_ No \_\_\_

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B. History of Mental Illness

Yes \_\_\_ No \_\_\_

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C. History of Abuse (Physical/Sexual/Emotional)

Yes \_\_\_ No \_\_\_

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D. History of Criminal Activity

Yes \_\_\_ No \_\_\_

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## Educational/Vocational History

A. Name of School \_\_\_\_\_ Grade \_\_\_\_\_

B. Special Education Placement \_\_\_\_\_

C. Educational Testing \_\_\_\_\_ If yes, when? \_\_\_\_\_

Results \_\_\_\_\_

D. Behavior patterns in school (detention/suspension)

Yes \_\_\_ No \_\_\_

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E. Employment \_\_\_\_\_

## Child Protective Service Involvement

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## Discipline Intervention by Parents/Caregivers

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