

If there were changes, please list and indicate the age your child was when the changes occurred:

of siblings _____ # brothers _____ # sisters _____ What is his/her place in the birth order? _____

Which members of the family is s/he close to? _____

Are there any family members who are a problem for him/her? _____

Please indicate other people in his/her life that provide support for him/her, including coaches, teachers, etc.:

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HEALTH

How would you rate your child's current overall physical health?

Very poor 1 2 3 4 5 6 7 8 9 10 Very good

Please describe any current health concerns and/or recent changes in your child's health: _____

Please note medications your child is currently taking:

Medication _____ *Dose* _____ *Purpose* _____

1.

2.

Is there anything else I should know about your child's medication(s)- side effects, etc.)

How would you rate the quality of your child's nutrition/diet/eating habits?

Poor *Could Use Improvement* *Adequate* *Above Average* *Excellent*

Please share any food/nutrition related thoughts/issues/challenges you are aware of:

PERSONALITY

How does your child typically relate to other people: (Circle all that apply)

Affectionate *Aggressive* *Avoidant* *Fights/Argues Often* *Follower* *Friendly*
Outgoing *Shy* *Withdrawn* *Submissive* *Leader*

Please list your child's strengths and positive influences in his/her life: _____

Have you noticed any significant changes in his/her personality or behavior? If yes, please describe: _____

EDUCATION

- How would you rate your child's academic performance:
Poor *Could Use Improvement* *Adequate* *Above Average* *Excellent*
- School: _____ Grade: _____ Teacher: _____
- Has your child ever repeated a grade? If so, which one(s): _____
- Please note any other significant educational information (Achievements, IEP info, 504 plan, learning disabilities, school changes, etc.)

SPIRITUALITY/RELIGION

- How important to your child's family are spiritual/religious matters?
- Is your child affiliated with a spiritual/religious group? If yes, describe:
- Please share any other important thoughts/concerns about spirituality/religion you feel is important:

LEGAL

Is your child or family involved in any active legal cases (custody, criminal, other)? If so, please explain:

Has your child ever been arrested or involved in criminal activity? If so, please explain: _____

LEISURE/RECREATION

Please describe any leisure/recreational/hobby activities that your child engages in: _____

SYMPTOM CHECKLIST

SEVERITY OF PROBLEM: 0=NO PROBLEM 5=DISABLING	INDICATE ANY PROBLEMS IN THE FOLLOWING AREAS:
0 1 2 3 4 5	Sleep too much
0 1 2 3 4 5	Sleep too little, Interrupted sleep
0 1 2 3 4 5	Memory
0 1 2 3 4 5	Disturbing or troublesome thoughts
0 1 2 3 4 5	Concentration, attention, easily distractible
0 1 2 3 4 5	Loss of interest in usual activities
0 1 2 3 4 5	Feelings of sadness
0 1 2 3 4 5	Loss of energy, Feeling tired most the time
0 1 2 3 4 5	Periods of crying
0 1 2 3 4 5	Feeling of hopelessness or helplessness
0 1 2 3 4 5	Avoidant of people, places, or specific things
0 1 2 3 4 5	Outbursts of anger, aggressiveness, or hatred
0 1 2 3 4 5	Change in appetite
0 1 2 3 4 5	Lonely
0 1 2 3 4 5	Sense of inferiority
0 1 2 3 4 5	Inability to make or keep friends
0 1 2 3 4 5	Hearing voices when no person is present
0 1 2 3 4 5	Controlling
0 1 2 3 4 5	Unable to recall some period of his/her day
0 1 2 3 4 5	Nightmares
0 1 2 3 4 5	Overwhelming fears
0 1 2 3 4 5	Racing thoughts
0 1 2 3 4 5	Thoughts that won't go away that are constantly in your head
0 1 2 3 4 5	Thoughts that some person or people are trying to harm you
0 1 2 3 4 5	Feelings of being controlled by forces outside yourself
0 1 2 3 4 5	Feeling compelled to repeat activities for no reason
0 1 2 3 4 5	Unable to relax
0 1 2 3 4 5	Excessive sweating
0 1 2 3 4 5	Panic attacks
0 1 2 3 4 5	Mood swings
0 1 2 3 4 5	Feelings of worthlessness
0 1 2 3 4 5	Gaming or internet addiction
0 1 2 3 4 5	Impulsive
0 1 2 3 4 5	Poor decision making or indecisive
0 1 2 3 4 5	Other: