Planting Seeds
COUNSELING & COACHING
seeds of faith, hope and courage

INFORMATION FORM

Today's Date: _____

Parent Information

Name: _____ _____ ___
First Last M.I.

Address:_____
Street and Number City State Zip

Phone:_____ Age:_____ Date of Birth:_____/_____/_____

Gender:_____ Marital Status:_____

Church Affiliation?_____

Did someone refer you? Yes/No If yes, who?_____
May we send a thank you to whom ever referred you? Yes/No

A second phone number in case of an emergency:_____

Name of person:_____ Relationship to you:_____

In the event of an emergency and I must cancel, where should I call_____
_____

Planting Seeds
COUNSELING & COACHING
seeds of faith, hope and courage

CHILDHOOD HISTORY FORM

Child's Name _____ Date_____

Birthdate _____ Age_____ Sex _____

Adopted ___ yes ___ no Is your child aware of adoption? ___ yes ___ no
Divorce? Yes____ no_____ When?_____
If divorced, describe your relationship with child's other biological parent_____
_____

Others in Household:	Relationship to child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly state your main concerns about your child and the duration:

What do you think might be causing this?

Has anyone else expressed concerns about your child?

Have any of the child's blood relatives experienced similar problems?

What are your expectations for therapy?

Has your child ever been seen by another counselor? Yes_____ No_____
Dates_____ Who?_____
Outcome_____

Who will participate in child's therapy? Mom: yes___ no___ Dad: yes___ no____
Step Mom: yes___ no___ Step Dad: yes___ no__

Anything that caused either parent significant unhappiness or worry during the child's life thus far?_____
_____

Biggest struggle in your family's history_____
Current stressors in family_____

Parental unemployment? Dates:_____

Any deaths your child has experienced? _____

Any moves? If so, when and where_____

Child exposed to disaster? Describe_____

Any known sexual/physical/verbal abuse your child has experienced?

_____

What are the child's responsibilities?_____

_____

Who is your child like?_____

What are your child's strengths?_____

What makes your child mad?_____

What are your child's favorite activities?_____

What does your child dislike doing the most?_____

Describe your child's temperament_____

_____

Did the child's mother or the child experience any complications during pregnancy/delivery?

MEDICAL HISTORY Please note the age and any other pertinent information. Use back if necessary.

Childhood diseases: _____
Operations: _____
Other hospitalizations: _____
Head injuries:_____
Convulsions/seizures: _____
Persistent high fevers: _____
Eye problems: _____
Tics (eye blinking, sniffing, or any repetitive movement): _____
Ear problems: _____
Allergies or asthma: _____
Sleep problems (restless, night waking, sleepwalking): _____
Bedwetting or soiling pants in daytime: _____

Describe the child's appetite: _____
Please list other doctors or professionals consulted: _____
Current medications and dose: _____

FAMILY/SOCIAL HISTORY

Include any brothers or sisters you (the parent) have/had as well as your (the parent) natural parents (In other words, YOUR childhood history). Be sure to include PAST or PRESENT behavior.

Birth Mother Childhood History (Check all that apply)

__ Alcoholism
__ Physical Abuse
__ Sexual Abuse
__Criminal Activity
__ Drug Usage
__ Domestic Violence
__ Mental Illness

Birth Father Childhood History (Check all that apply)

__ Alcoholism
__ Physical Abuse
__ Sexual Abuse
__Criminal Activity
__ Drug Usage
__ Domestic Violence
__ Mental Illness

Step-Mother Childhood History (Check all that apply)

__ Alcoholism
__ Physical Abuse
__ Sexual Abuse
__Criminal Activity
__ Drug Usage
__ Domestic Violence
__ Mental Illness

Step-Father Childhood History (Check all that apply)

__ Alcoholism
__ Physical Abuse
__ Sexual Abuse
__Criminal Activity
__ Drug Usage
__ Domestic Violence
__ Mental Illness

Adopted Mother Childhood History (Check all that apply)

__ Alcoholism
__ Physical Abuse
__ Sexual Abuse
__Criminal Activity
__ Drug Usage
__ Domestic Violence
__ Mental Illness

Adopted Father Childhood History (Check all that apply)

__ Alcoholism
__ Physical Abuse
__ Sexual Abuse
__Criminal Activity
__ Drug Usage
__ Domestic Violence
__ Mental Illness

Which family member has the best relationship with the patient?_____

INFANCY - TODDLERHOOD

Were any of the following present during your child's first few years?

_____ did not enjoy cuddling
_____ was not calmed by being held
_____ difficult to comfort
_____ colic
_____ excessive restlessness
_____ excessive irritability
_____ frequent head banging
_____ constantly into everything

TEMPERAMENT: please rate the following as your child appeared in infancy and toddlerhood:

Activity level: _____ underactive _____ average activity level _____ overactive
Adaptability: _____ adapted easily to change _____ resisted change
Intensity: _____ average _____ feelings were often intense
Mood: _____ often happy _____ average range of moods
_____ often dissatisfied or irritable

DEVELOPMENTAL MILESTONES

As best you can recall, list age of development, or check item at right:

	Age or	Early	Normal	Late
Walked without assistance	_____	_____	_____	_____
Spoke first words	_____	_____	_____	_____
Any speech/articulation problems?				
Toilet trained daytime	_____	_____	_____	_____
Toilet trained nighttime	_____	_____	_____	_____

COORDINATION

Rate your child on the following skills:

	Good	Average	Poor
Walking	_____	_____	_____
Running	_____	_____	_____
Throwing	_____	_____	_____
Catching	_____	_____	_____
Shoelace tying	_____	_____	_____
Writing	_____	_____	_____
Athletic abilities	_____	_____	_____

COMPREHENSION AND UNDERSTANDING

Do you consider your child to understand directions and situations as well as other children his/her age?

_____

How would you rate your child's overall level of intelligence?

_____ Below average _____ Above average _____ Average

PEER RELATIONSHIPS

How does your child get along with others his/her age? Describe any problems.

SCHOOL HISTORY

School currently attending: _____Grade level _____

Is you child in any resource or special classes? _____

Has your child ever repeated a grade? If so, which? _____

Briefly describe your child's school progress. Note usual grades, any problems or successes, strong subjects and weak subjects:

Preschool - K _____

1st - 5th _____

6th - 8th _____

9th - 12th _____

Describe any conduct problems you child has had in school:

How would you rate your child's homework/study skills? ___ Good ___ Average ___ Poor

Describe difficulties: _____

Has your child had tutoring or remedial work? _____

Does your child like to read? _____ How often (circle one) Never Seldom Occas. Often

Please rate reading ability as _____ good _____ fair _____ poor

Any other comments on your child's performance and behavior:

HOME BEHAVIOR AND MOOD

Check which of the following applies to your child:

_____ frequently irritable or moody
_____ can't seem to enjoy doing anything
_____ sad spells
_____ crying spells

_____ easily bored

_____ poor or low motivation
_____ low self-esteem (makes negative statements about self)
_____ can't seem to concentrate
_____ has had thoughts of or made comments about suicide
_____ other: _____

_____ eats (too much) or (too little)
_____ frequent arguing at home
_____ fearfulness

_____ nervous, anxious
_____ frequent headaches
_____ frequent stomachaches
_____ has had a panic attack (rapid heartbeat, sweaty palms, feeling something bad about to happen)
_____ difficulty sleeping:
___ goes to sleep very late
___ hard to get up in morning
___ very restless sleep
___ bad dreams
_____ acts like driven by a motor

_____ doesn't seem to learn from experience
_____ very disorganized (loses things, has very messy room)
_____ has ever been physically or sexually abused
_____ drug or tobacco use: _____
_____ argues with or rude to teachers

Any additional comments you would like to make about your child (mood, behavior, personality, etc.):

Thank you for the time and effort you gave in completing this form. Please also complete any check lists which accompany this history form.

Most children exhibit, at one time or another, one or more of the symptoms listed below. Place a P next to those that your child has exhibited in the PAST and N next to those that your child exhibits NOW. Only mark those symptoms that have been or are present to a significant degree over a period of time. Only check as problems behavior that you suspect is unusual or atypical when compared to what you consider to be the normal for your child's age.

_____ Thumb-sucking
_____ Baby Talk
_____ Overly dependent for age
_____ Frequent temper tantrums
_____ Excessiveness silliness and clowning
_____ Excessive demands for attention
_____ Cries easily and frequently
_____ Generally immature
_____ Eats non-edible substances
_____ Overeating with overweight
_____ Eating binges with overweight
_____ Under eating with underweight
_____ Long periods of dieting and food abstinence with underweight
_____ Preoccupied with food--what to eat and what not to eat
_____ Preoccupation with bowel movements
_____ Constipation
_____ Encopresis (soiling)
_____ Insomnia (difficulty sleeping)
_____ Enuresis (bed wetting)
_____ Frequent nightmares
_____ Night terrors (terrifying night time out bursts)
_____ Sleepwalking
_____ Excessive sexual interest and preoccupation
_____ Frequent sex play with other children
_____ Excessive masturbation
_____ Frequently likes to wear clothing of the opposite sex
_____ Exhibits gestures and intonations of the opposite sex
_____ Frequent headaches
_____ Frequent stomach aches
_____ Frequent nausea and vomiting
_____ Often complains of bodily aches and pains
_____ Worries over bodily illness
_____ Poor motivation
_____ Apathy
_____ Takes path of least resistance
_____ Ever trying to avoid responsibility
_____ Poor follow through
_____ Low curiosity
_____ Open defiance of authority
_____ Blatantly uncooperative
_____ Persistent lying
_____ Frequent use of profanity to parents, teachers, and other authorities
_____ Truancy from school
_____ Runs away from home
_____ Violent outbursts of rage
_____ Stealing
_____ Cruelty to animals, children, and others
_____ Destruction of property
_____ Criminal and/or dangerous acts
_____ Trouble with the police

_____ Violent assault
_____ Fire setting
_____ Little, if any, guilt over behavior that causes others pain and discomfort
_____ Little, if any, response to punishment for antisocial behavior
_____ Few, if any, friends
_____ Does not seek friendships
_____ Rarely sought by peers
_____ Not accepted by peer group
_____ Selfish
_____ Argumentative
_____ Does not respect the rights of others
_____ Wants things own way with exaggerated reaction if thwarted
_____ Trouble putting self in other person's position
_____ Egocentric (self-centered)
_____ Frequently hits other children
_____ Excessively critical of others
_____ Excessively taunts other children
_____ Ever complaining
_____ Is often picked on and easily bullied by other children
_____ Suspicious, distrustful
_____ Aloof
_____ "Wise-guy" or smart aleck attitude
_____ Brags or boasts
_____ Bribes other children
_____ Excessively competitive
_____ Often cheats when playing games
_____ "Sore Loser"
_____ "Does not know when to stop"
_____ Poor common sense in social situations
_____ Often feels cheated or gypped
_____ Feels others are persecuting him when there is no evidence for such
_____ Typically wants his or her own way
_____ Very stubborn
_____ Obstruction-istic
_____ Negativistic (does just the opposite of what is requested)
_____ Quietly. or often silently, defiant of authority
_____ Feigns or verbalizes compliance or cooperation but does not comply with requests
_____ Drug abuse
_____ Alcohol abuse
_____ Very tense
_____ Nail biting
_____ Chews on clothes, blankets, etc.
_____ Head banging

_____ Hair pulling
_____ Picks on skin
_____ Speaks rapidly and under pressure
_____ Irritability, easily "flies off the handle"

FEARS/PHOBIAS

_____ dark
_____ new situations
_____ strangers
_____ being alone
_____ death
_____ separation from parent
_____ school
_____ visiting other children's homes

_____ going away to camp
_____ animals
_____ other fears (name)
_____ Anxiety attacks with palpitations (heart pounding), shortness of breath, sweating, etc.
_____ Disorganized
_____ Excessive worrying over minor things
_____ Tics such as eye blinking, grimacing, or other spasmodic repetitious movements
_____ Involuntary grunts, vocalizations (understandable or not)
_____ Stuttering
_____ Depression
_____ Frequent crying spells
_____ Suicidal preoccupation, gestures, or attempts
_____ Excessive desire to please authority
_____ "Too Good"
_____ Often appears insincere and/or artificial
_____ Too mature, frequently acts older than actual age
_____ Excessive guilt over minor indiscretions
_____ Asks to be punished
_____ Low self-esteem
_____ Excessive self-criticism
_____ Very poor toleration of criticism
_____ Feelings easily hurt
_____ Dissatisfact-ion with appearance or body part(s)
_____ Excessive modesty or exposure
_____ Perfectionist, rarely satisfied with performance
_____ Frequently blames others as a cover up for own short comings
_____ Little concern for personal appearance or hygiene
_____ Little concern for or pride in personal property
_____ "Gets hooked" on certain ideas and remains preoccupied

_____ Compulsive repetition of seemingly meaningless physical acts
_____ Shy
_____ Inhibited self expression in dancing, singing, laughing, etc.
_____ Recoils from affectionate physical contact
_____ Withdrawn
_____ Fears asserting self
_____ Inhibits open expression of anger
_____ Allows self to be easily taken advantage of
_____ Frequently pouts and/or sulks
_____ Mute (refuses to speak) but can
_____ Gullible/naive
_____ Passive and easily led
_____ Excessive fantasizing, "lives in his (her own world"
_____ Flat emotional tone
_____ Speech is non- communicative or poorly communicative
_____ Hears voices
_____ Sees visions