

Eden Counseling Center

Child's Biographical Information

When a therapist begins working with a child, we find that certain basic information provided to us by the parent can be useful. We greatly appreciate your time and cooperation. We realize that some of the questions are difficult to remember and answer. Please try to give details since the more we know about your child, the better job we can do.

Child's Name: _____ **Today's Date:** _____

Child's Address: _____

Phone Number: (Home) _____ **Parent's Work/Cell Number:** _____

Birth date: _____ **Age:** _____ **SS#:** _____

Biological Father: _____ **Biological Mother:**

Other Guardian (Relationship):

Reason for seeking help:

Problems your child is having at home:

Problems your child is having at school:

School: _____ **City:** _____

Grade level: _____ **Teacher's Name:**

School conference this year: ___ No ___ Yes **If yes, please describe outcome:**

Is this a school referral? ___ No ___ Yes **If, yes, what is the reason for the referral:**

PARENTAL HISTORY

BIOLOGICAL FATHER: Birthplace: _____ **Birth date:** _____

Educational Attainment: _____

Did you have difficulty in school? ___ No ___ Yes **If yes, please explain:**

Did any member of your family have difficulty in school? ___ No ___ Yes **If yes, please explain:**

Place of Employment: _____ **Hours:** _____

Occupation: _____

Other Marriages: _____

Past Physical or Mental Problems:

BIOLOGICAL MOTHER: Birthplace: _____ **Birth date:** _____

Educational Attainment: _____

Did you have difficulty in school? ___ No ___ Yes **If yes, please explain.**

Did any member of your family have difficulty in school? ___ No ___ Yes **If yes, please explain:**

Place of Employment: _____ **Hours:** _____

Occupation: _____

Other Marriages: _____

Past Physical or Mental Problems:

PRESENT MARITAL SITUATION ___ Married & Living Together ___ Separated ___ Divorced
___ Widowed ___ Never Married

Number of years in present marriage: _____

In describing your current marriage would you say:

___ Very poor situation ___ tolerate each other ___ relatively happy ___ happy ___ very happy

Additional Comments: _____

If remarried since the birth of this child, how old was (s)he:

when you divorced? _____ when you remarried? _____

If separated/divorced, who has primary physical custody?

Stepfather or Significant Other's Name _____

Stepmother or Significant Other's Name: _____

What are the legal custody arrangements?

BIRTH HISTORY

Birth: ___ Full term ___ Premature _____ weeks

Length of Labor: _____

Anesthesia? ___ Yes ___ No

Complications during pregnancy: ___ None ___ Bleeding ___ Special Medication ___ Toxemia
___ Diabetes ___ RH factor ___ Other: _____

Labor induced? ___ No ___ Yes **If yes, please give reason:**

Problems immediately after birth? ___ No ___ Yes If Yes, please
explain: _____

Placed in an incubator? ___ No ___ Yes **Birth Weight:** _____ **Fed normally?** ___ No
___ Yes

When held, was (s)he: ___ Rigid ___ Relaxed
how long: _____

Colic: ___ No ___ Yes **If yes,**

Physical defects? ___ No ___ Yes **If yes, please describe:**

Irritability? ___ No ___ Yes **Difficulty sleeping?** ___ No ___ Yes **If yes, please explain:**

CHILDHOOD HISTORY

At approximately what age:

Held head up: _____ Crawled: _____ Sat Alone: _____ Walked: _____

First word: _____ Sentences: _____ Toilet Trained: _____ Dressed alone: _____

Difficulty using (check all that apply): ___ Scissors ___ Coloring ___ Writing ___ Other:

Comparison of development to that of brothers and/or sisters:

Describe child as a toddler: _____

Handed: ___ Left ___ Right

High Fevers: ___ No ___ Yes

Convulsions/staring spells: ___ No ___ Yes

Hearing Impairment: ___ No ___ Yes

Ear Infections: ___ No ___ Yes **If yes, how many?** _____

Visual impairment: ___ No ___ Yes **If yes, please explain:**

Speech impairment: ___ No ___ Yes **If yes, please explain:**

Injuries or accidents (particularly blows to the head):

Discipline Type: _____ **Consistent?** ___ No ___ Yes

Who administers discipline:

Child's reaction to frustration:

DAILY SCHEDULE

Sleep Pattern: ___ Normal ___ Very sound ___ Restless ___ Nightmares **Number of Hours Sleep:**

Bedtime: _____ **Time of Waking:** _____ **Resist sleep?** ___ No ___ Yes

Security Items? ___ No ___ Yes **If yes, please describe**

General appetite and eating habits: _____

Child care arrangements: _____

FAMILY RELATIONSHIPS

List brothers and sisters in birth order and give their current ages:

Significant health or emotional problems with other children:

Describe sibling rivalry or jealousy:

Does this child particularly like or relate well to any other brother or sister? ___ No ___ Yes.

If yes, please describe: _____

Do children generally get along? ___ Yes ___ No. **If no, please describe:** _____

Describe the father-child relationship:

Describe the mother-child relationship:

Describe relationship with significant caregiver:

Family Activities: _____

Activities with father: _____

Activities with mother:

Child's Responsibilities:

Allowance? ___ No ___ Yes **If yes, how much?** _____ **How is it used?**

CHURCH ATTENDANCE

What church do you attend:

How often do you attend church: ___ Regularly ___ Occasionally ___ Seldom ___ Never

Briefly describe your present involvement in your church

EDUCATIONAL INFORMATION

Academic progress: _____

Your expectations: _____

Schools Attended

Grade Level

Performance

Child's attitude toward school:

Unpleasant School Experiences:

Grades retained and why:

Most Difficult Subject: _____
Yes

Resist attending school? ___ No ___

Best Subject: _____

Reads other than assigned books? ___ No ___ Yes

Where does (s)he study: _____
Yes

Parents help? ___ No ___

Other comments on school:

Testing administered (school or private):

Describe home environment (house, apartment, ample play space, neighbors close by, type of neighborhood):

Describe child's social relationships:

Describe child's bedroom (share a room, help pick-up, interest in decorating):

Describe child's health: _____

Describe any medical conditions:

Current medications: _____

Allergies: _____

Personality of Child (Check all that apply): ___ anxious ___ depressed ___
introverted ___ social

___ extroverted ___ happy ___ unhappy ___ imaginative ___ loner ___ sensitive

Activity level of Child (Check all that apply): ___ active ___ prefers quiet play ___
aggressive

___ impulsive ___ organized ___ loses things easily ___ difficulty remembering

Additional information or comments:
