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CHILD SOCIAL HISTORY

Directions: Please complete to the best of your ability and bring with you to your first session.

Today's Date: _____

Name of Child: _____

Age: _____ Date of Birth: _____ Gender: _____

Name of Adult Completing History: _____

Relationship to Child: _____

List any legal/social agency involved with child: _____

1. **Chief Complaint** — Please explain your present concerns about your child and what you think is causing the problem: _____

2. **Onset** — When did you first notice the concern/problem? What else was happening at that time that might be important? _____

3. **Referral** — How were you and the child referred here (school, court, etc.)? What have you already tried in order to solve the problem? _____

4. Family Composition

• Biological parents _____

• Dates married/separated/divorced _____

• Parental relationship: Strained / Fair / Strong _____

• Custody / Visitation _____

• Parent / Guardian Occupations _____

• Siblings: DOB / Schools _____

5. **Significant Others** — Are there other individuals who play a large role in your child's life?

6. Are there any immediate family members that reside outside of the child's home? Yes / No
If yes, who and where do they live _____

How many homes has your child lived in? _____ How many caretakers has your child had? _____

7. Please describe your child's personality, attitudes, values, etc. To whom is he/she most similar, and in what way(s)? _____

Child Medical and Psychiatric History

8. Pregnancy/Illnesses/Complications: _____

Medications, tobacco, alcohol, other drugs during pregnancy: _____

Problems during delivery or shortly thereafter: _____

Length of stay in hospital: _____

9. Developmental milestones (in months):

Sat alone _____ Walked _____ Talked in sentences _____

Weaned _____ Fed self _____ Tied own shoes _____

Toilet training (ease or difficulty) _____

10. Injuries/Illnesses/Hospitalizations: - Date Location Reason Outcome

11. Please list your child's current physician, including address, phone number, and date of most recent wellness exam _____

12. Please list any current medical problems, including allergies your child has? _____

13. What medications is your child currently taking and for what condition? By whom were the medications prescribed? _____

14. Has your child had any previous psychiatric/psychological evaluations/treatments, including counseling? Yes / No If yes, Dates Treating Professional Reason Outcome

15. What temperamental qualities does your child demonstrate?

	Less than average	Average	More than average
Activity level	_____	_____	_____
Affection	_____	_____	_____
Persistence	_____	_____	_____
Moodiness	_____	_____	_____
Intensity of emotional response	_____	_____	_____

16. Family Medical and Psychiatric History

	Maternal Relatives	Paternal Relatives
Alcoholism	_____	_____
Drug abuse	_____	_____
Mental illness (specify)	_____	_____
Psychiatric hospitalizations	_____	_____
Mental retardation	_____	_____
Learning disabilities	_____	_____
Hyperactivity	_____	_____
Suicide or attempts	_____	_____
Other medical illnesses (specify)	_____	_____

17. Has your child or any member of your family been a victim or perpetrator of physical, sexual, emotional, or substance abuse or neglect? Yes / No If yes, please explain

18. To your knowledge, has your child witnessed any violence or abuse? Yes / No
If yes, please explain _____

19. What are your child's hobbies and interests? (Boy/Girl Scouts, sports, reading, etc.) How much time per week does your child spend in each?

20. Has your child been diagnosed with any learning delays? Yes / No

If yes, what type? _____

21. Is your child in special classes at school? Yes / No If yes, what type? _____

22. Has your child ever repeated a grade? Yes / No If yes, what grade: _____

For what reason: _____

23. **For ages 6 and older — performance in academic subjects.** If child is not being taught, please give reason

	Failing	Below average	Average	Above average
a. Reading, L.A., or Eng.	_____	_____	_____	_____
b. History or Social Studies	_____	_____	_____	_____
c. Arithmetic or Math	_____	_____	_____	_____
d. Science	_____	_____	_____	_____
Other academic subjects—for example, computer, foreign language. Do not include gym, shop, etc.				
e. _____	_____	_____	_____	_____
f. _____	_____	_____	_____	_____
g. _____	_____	_____	_____	_____

24. Has your child been diagnosed with behavior problems? (e.g., ADHD) Yes / No

If yes, what type? _____

25. How many hours a day does your child typically watch TV? _____ What are your child's favorite shows? _____

26. When does your child typically do his/her homework? (e.g., after school, before dinner, after dinner)

27. How many hours per day does your child spend with:

Parents? Weekday _____ Usual activities _____

	Weekend _____	Usual activities _____
Siblings?	Weekday _____	Usual activities _____
	Weekend _____	Usual activities _____
Friends?	Weekday _____	Usual activities _____
	Weekend _____	Usual activities _____
Other caretakers?	Weekday _____	Usual activities _____
	Weekend _____	Usual activities _____
Alone?	Weekday _____	Usual activities _____
	Weekend _____	Usual activities _____

28. What is your child's bedtime? Weeknights _____ Weekends _____
 Is this enforced? Always ____ Most of the time ____ Sometimes ____ Never ____
 What is your child's routine one hour before bedtime? _____

29. Does your child share a bed or bedroom with a sibling or parent? Yes / No If yes, please explain

30. Does your child shower or bathe with a sibling or parent? Yes / No If yes, please explain

31. Please describe your child's interactions with the following:
 Parents _____
 Siblings _____
 Peers _____
 Teachers _____

32. **Discipline** — How many times in the past week have you had to:
 ____ Put your child in "time out" (or send to his/her room) For how long? _____
 ____ Take away privileges or ground your child For how long? _____
 ____ Explain why something was wrong
 ____ Shout, yell, or scream at your child
 ____ Threaten to spank or hit your child but not actually do it
 ____ Spank your child on the bottom with your bare hand
 ____ Hit your child on the bottom with something like a belt, hairbrush, or stick
 ____ Slap your child on the hand, arm, or leg
 ____ Slap your child on the face, head, or ears

33. Have you noted any problems in these areas? If yes, please explain.
 Depression? Yes / No _____

Anger? Yes / No _____

Grief? Yes / No _____

Anxiety? Yes / No _____

Regressed behaviors (acting like a younger-aged child)?

Yes / No _____

Social skills? Yes / No _____

Detachment? Yes / No _____

34. Please share any additional information about your child you feel may be relevant (frequent moves, death of family member/pet, etc.) _____

35. Does your child display any of the following behaviors?

	Presently	Prior	How long	How often	At home	At school
Hits adults	_____	_____	_____	_____	_____	_____
Hits siblings	_____	_____	_____	_____	_____	_____
Hits peers	_____	_____	_____	_____	_____	_____
Sets fires	_____	_____	_____	_____	_____	_____
Destroys property	_____	_____	_____	_____	_____	_____
Uses weapons	_____	_____	_____	_____	_____	_____
Drinks alcohol	_____	_____	_____	_____	_____	_____
Smokes	_____	_____	_____	_____	_____	_____
Uses drugs	_____	_____	_____	_____	_____	_____
Steals	_____	_____	_____	_____	_____	_____
Lies	_____	_____	_____	_____	_____	_____
School truancy	_____	_____	_____	_____	_____	_____
Poor grades	_____	_____	_____	_____	_____	_____
Problems with friends	_____	_____	_____	_____	_____	_____
Withdrawn	_____	_____	_____	_____	_____	_____
Sexual acting out	_____	_____	_____	_____	_____	_____
Talks back	_____	_____	_____	_____	_____	_____
Breaks rules	_____	_____	_____	_____	_____	_____
Wets bed	_____	_____	_____	_____	_____	_____
Daytime wetting	_____	_____	_____	_____	_____	_____
Soiling problems	_____	_____	_____	_____	_____	_____
Hurts animals	_____	_____	_____	_____	_____	_____
Nightmares	_____	_____	_____	_____	_____	_____
Night terrors	_____	_____	_____	_____	_____	_____
Sleeps too much	_____	_____	_____	_____	_____	_____
Sleeps too little	_____	_____	_____	_____	_____	_____
Fearful	_____	_____	_____	_____	_____	_____
Overactive	_____	_____	_____	_____	_____	_____
Runs away	_____	_____	_____	_____	_____	_____
Low energy	_____	_____	_____	_____	_____	_____
Poor concentration	_____	_____	_____	_____	_____	_____
Difficulty making decisions	_____	_____	_____	_____	_____	_____
Blames others for own mistakes	_____	_____	_____	_____	_____	_____
Deliberately annoys others	_____	_____	_____	_____	_____	_____
Suicidal gestures or statements	_____	_____	_____	_____	_____	_____
Change in eating habits	_____	_____	_____	_____	_____	_____
Needs constant supervision	_____	_____	_____	_____	_____	_____

I.

Please list the sports your child most likes to take part in. For example, swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

Name the Sport	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age how well does he/she do each one			
	Don't Know	Less than Avg.	Avg.	More than Avg.	Don't Know	Less than Avg.	Avg.	More Than Avg.
	a. _____	_____	_____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____	_____	_____	_____

II. Please list your child's favorite hobbies, activities, and games, other than sports. For example, stamps, dolls, books, piano, crafts, singing, etc. Do not include listening to radio or watching TV.

Name the Hobby	Compared to others of the same age, about how much time does he/she spend in each?				Compared to others of the same age how well does he/she do each one			
	Don't Know	Less than Avg.	Avg.	More than Avg.	Don't Know	Less than Avg.	Avg.	More Than Avg.
	a. _____	_____	_____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____	_____	_____	_____

III. Please list any organizations, clubs, teams, or groups your child belongs to.

Name the Organization	Compared to others of the same age, how well does he/she do each one			
	Don't Know	Less than Avg.	Avg.	More than Avg.
	a. _____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____

IV. Please list any jobs or chores your child has. For example, paper route, babysitting, making bed, working in store, etc. Include both paid and unpaid jobs and chores.

Compared to others of the same age, how well does he/she carry them out?

Name Jobs/Chores	Compared to others of the same age, how well does he/she carry them out?			
	Don't Know	Less than Avg.	Avg.	More than Avg.
	a. _____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____