

## CHILD/ADOLESCENT Personal History Form The Grace Counseling Center

Welcome to the Grace Counseling Center! Parents, please be sure that this form is completed prior to your first session so that your counselor can gain a better understanding of your background, concerns and goals for counseling.

Child/Adolescent Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

### Family History

Father

Mother

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Highest Grade Level: \_\_\_\_\_

If deceased, dates: \_\_\_\_\_

If the child's parents are not currently married, please describe below (dates of adoption, divorce, remarriage, names of step-parents, and/or other relevant information):

\_\_\_\_\_

\_\_\_\_\_

Brothers/Sisters Names	Age	Sex	Grade	Deceased?	Where living?
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are both parents in agreement with bringing him/her for counseling? \_\_\_\_ Yes \_\_\_\_ No

Please describe any recent changes for your family (births, deaths, moves, accidents, etc.):

## Treatment Information

Person Completing form: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Reason for treatment: \_\_\_\_\_

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Previous Treatment? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

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How does your child/adolescent feel about counseling at this time? \_\_\_\_\_

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In what way would you like counseling to help your child/adolescent? \_\_\_\_\_

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What family members are likely willing to participate in your child's counseling? \_\_\_\_\_

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## Developmental and Educational Background

Did your child generally meet developmental milestones (i.e., walking, talking, etc.) on time? \_\_\_\_\_

Explain any developmental concerns: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_

Please describe any difficulties your child/adolescent is having in school: \_\_\_\_\_

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Has your child ever been psychologically tested? \_\_\_\_\_ When? \_\_\_\_\_

## Religious and Spiritual Background

Does your child/adolescent attend church? \_\_\_\_\_ Name of church: \_\_\_\_\_

What role does spirituality play in his/her life? \_\_\_\_\_

## Medical Background and History

Physician: \_\_\_\_\_ City: \_\_\_\_\_

Last seen (approximately): \_\_\_\_\_ for \_\_\_\_\_

On-going Medical Conditions: \_\_\_\_\_

Is your child/adolescent taking any prescription medication?

Medication: \_\_\_\_\_ Treating: \_\_\_\_\_ Dosage: \_\_\_\_\_ Since: \_\_\_\_\_

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Side effects? \_\_\_\_\_

Has your child had a hearing exam? \_\_\_\_\_ Eye exam? \_\_\_\_\_ Any problems discovered? \_\_\_\_\_

Has your child used drugs or alcohol? \_\_\_\_\_ Has this use ever caused a problem? \_\_\_\_\_

Family history of substance abuse? \_\_\_\_\_ Explain: \_\_\_\_\_

Please check any areas of concern:

<input type="checkbox"/> Moody	<input type="checkbox"/> Concentration	<input type="checkbox"/> Anxious/worries	<input type="checkbox"/> Can't fall asleep
<input type="checkbox"/> Shy	<input type="checkbox"/> Appetite too low	<input type="checkbox"/> Defiant	<input type="checkbox"/> Can't stay asleep
<input type="checkbox"/> Has been bullied	<input type="checkbox"/> Has bullied others	<input type="checkbox"/> Sad	<input type="checkbox"/> Low energy level
<input type="checkbox"/> Has been abused	<input type="checkbox"/> Has abused others	<input type="checkbox"/> Homicidal or Suicidal thoughts	

Please explain any of the above: \_\_\_\_\_

Please check areas of relative strength or giftedness:

<input type="checkbox"/> Compassionate	<input type="checkbox"/> Creative	<input type="checkbox"/> Sensitive	<input type="checkbox"/> Sense of Humor
<input type="checkbox"/> Insightful	<input type="checkbox"/> Loving	<input type="checkbox"/> Determined	<input type="checkbox"/> Independent
<input type="checkbox"/> Academics	<input type="checkbox"/> Reading	<input type="checkbox"/> Math	<input type="checkbox"/> Science
<input type="checkbox"/> Athletic	<input type="checkbox"/> Coordinated	<input type="checkbox"/> Reflective	<input type="checkbox"/> Social

Please explain any of the above: \_\_\_\_\_

Is there anything else that would be good for your counselor to know? \_\_\_\_\_ (Use back to explain.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date