



Child Information Form

Date: _____

The information you provide on this form is a vital part of the assessment and treatment of the child you are completing it for; please complete it as thoroughly as you are able. Please write neatly. Feel free to mark any areas you wish to discuss further with me.

Child's name: _____
Last First Middle

Address: _____
Street Address City State Zip Code

Child's Birth date: _____ Age: _____ Sex: _____

Child's Primary Caregiver(s): _____

Home phone: _____ Cell/Pager: _____

Email Address: _____

Preferred Contact Method: Phone Call Text Message Email

Emergency contact name: _____ Relationship to child: _____
(other than caregiver)

Emergency Contact Phone: _____

Who is financially responsible for fees? _____

Primary Insurance Company: _____ Is there a secondary policy? _____

Policy # _____ Group # _____

Secondary Insurance Company: _____

Policy # _____ Group # _____

Insured's Name: _____

Insured's Date of Birth: _____ Place of Employment: _____

Insured's Address: _____
Street Address City State Zip Code

Child's Name: _____

If Medicaid is payer: Medicaid ID #: _____ - _____ - _____ - _____ Member: # _____

CMO name (Wellcare, Peachstate, Amerigroup, or Peachcare) _____

Person completing this form: _____

Reason seeking services for this child: _____

Mother's name: _____ **Birth date:** _____

Address (If different from Child)

Home phone: _____ Cell/pager: _____

Employer _____ Work phone _____

Father's name: _____ **Birth date:** _____

Address (If different from Child)

Home phone: _____ Cell/pager: _____

Employer _____ Work phone _____

Parent's marital status: Married _____ Divorced _____ Separated _____

Never married _____ Remarried _____ How long? _____ Other _____

Who has legal custody? Mom _____ Dad _____ Joint _____ Other _____

Who has physical custody? Mom _____ Dad _____ Joint _____ Other _____

(You may be asked to provide proof of custody and decision making authority)

Please list any and all mental health problems within the child's family, include parents, grandparents (both sides), aunts and uncles. _____

Please list any drug and/or alcohol use/abuse within the family. _____

If child is in foster care or a relative placement please complete the following:

Caregiver's name and address: _____

Contact Information: _____

Relationship: _____

Case manager: _____ Phone number: _____

Psychosocial History

Development

(Please fill in any information you have on the areas listed below)

Prenatal medical illnesses and health care: _____

Was the child premature? _____ Weight and Height at birth: _____

Any birth complications or problems? _____

Was there any drug or alcohol use by the mother during pregnancy? _____

In the first few months of life, please list any problems in the following areas.

Allergies: _____

Sleep patterns or problems: _____

Personality: _____

Does your child have any speech, hearing, or language difficulties? _____

Please describe any special classes that your child has attended or currently attends:

Health

List any major childhood illnesses, hospitalizations, medications, allergies, head trauma, important accidents and injuries, surgeries, periods of loss of consciousness, convulsions/seizures and other medical conditions. Please list the condition, age, and Consequences: _____

Child's current Medications (list all including vitamins and herbal supplements):

List any diagnosis of a mental health disorder (e.g. ADHD, depression, anxiety etc.)

By whom: _____ When: _____

Pediatrician/Primary Care Physician _____

Address _____ Phone _____

Residences

1. Homes - please list all dates that the child has lived in different residences, including location, who they were living with, their reason for moving, and any problems.

2. Residential placements, institutional placements, or foster care - if applicable, please list dates that the child was placed in a home, the program and location, the reason for the placement, and any problems.

Schools

Please list all of the schools the child has attended, including grades. *Please list the current school and teacher.*

Special skills or talents of child

List hobbies, sports, recreational interests, TV, and toy preferences, etc.: _____

Strengths

Please list your child's strengths as well as your family's: _____

Symptom Checklist **Date:** _____

Below you will find statements about your child and any symptoms he or she may be experiencing. Circle the number below the word that best describes your child's behavior during the last 3 months. Please write under the statement any additional information that you feel would be helpful.

Personal-Social

	Never	Sometimes	Often	Always
1. My child continually seeks attention.	0	1	2	3
2. I can see tension building up in my child.	0	1	2	3
3. My child explodes under stress.	0	1	2	3
4. My child has nervous habits, like pulling at his/her clothing, clearing throat, sniffing nose, etc. _____	0	1	2	3
5. My child cries easily.	0	1	2	3
6. My child sucks his/her thumb or finger.	0	1	2	3
7. My child is a worrier.	0	1	2	3
8. My child rocks back and forth.	0	1	2	3
9. My child shakes and trembles.	0	1	2	3
10. My child expresses many or unusual fears.	0	1	2	3
11. My child is angry.	0	1	2	3
12. My child is moody.	0	1	2	3
13. My child becomes overexcited easily.	0	1	2	3
14. My child is hyperactive and restless.	0	1	2	3
15. My child becomes hysterical, upset, or angry when things do not go his/her way.	0	1	2	3
16. My child seems sad.	0	1	2	3
17. My child has sleep problems.	0	1	2	3
18. My child has bad dreams.	0	1	2	3

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|--|---|---|---|---|
| 19. My child walks or talks in his/her sleep.
(underline one or both) | 0 | 1 | 2 | 3 |
| 20. My child gets confused easily. | 0 | 1 | 2 | 3 |
| 21. My child has trouble remembering things. | 0 | 1 | 2 | 3 |
| 22. My child has difficulty concentrating for any length of time. | 0 | 1 | 2 | 3 |
| 23. My child complains he/she never gets a fair share of things. | 0 | 1 | 2 | 3 |
| 24. My child says people don't like him/her. | 0 | 1 | 2 | 3 |
| 25. My child tends to be very selfish and self-centered. | 0 | 1 | 2 | 3 |
| 26. My child is very shy. | 0 | 1 | 2 | 3 |
| 27. My child is sensitive and has his/her feelings hurt easily. | 0 | 1 | 2 | 3 |
| 28. My child avoids competition. | 0 | 1 | 2 | 3 |
| 29. My child is a poor sport and a poor loser. | 0 | 1 | 2 | 3 |
| 30. My child has trouble making friends. | 0 | 1 | 2 | 3 |
| 31. My child seems to have little self-confidence. | 0 | 1 | 2 | 3 |
| 32. My child cannot get along with my husband/wife. | 0 | 1 | 2 | 3 |
| 33. We have family problems. | 0 | 1 | 2 | 3 |
| 34. There is a lot of arguing and fighting in our house. | 0 | 1 | 2 | 3 |
| 35. My child expresses concerns about something terrible or horrible happening to family members or himself/herself. | 0 | 1 | 2 | 3 |
| 36. My child does not get along with his/her siblings. | 0 | 1 | 2 | 3 |
| 37. My child expresses strong dislike for home and family. | 0 | 1 | 2 | 3 |
| 38. One (or more) of my children has problems, also. | 0 | 1 | 2 | 3 |

39. My child says strange things or asks unusual questions.	0	1	2	3
40. My child does strange or stupid things.	0	1	2	3
41. My child says he/she wishes he/she were dead or away from it all.	0	1	2	3
42. My child has been physically or sexually abused.	0	1	2	3
43. My child has small accidents or injuries.	0	1	2	3
Behavioral				
44. My child is a discipline problem at home.	0	1	2	3
45. My child is a discipline problem at school.	0	1	2	3
46. My child tells tall tales or lies.	0	1	2	3
47. My child throws temper tantrums.	0	1	2	3
48. My child has attempted to seriously harm a person or animal.	0	1	2	3
49. My child manipulates situations to his/her own benefit.	0	1	2	3
50. My child does sexual things he/she shouldn't.	0	1	2	3
51. My child seems to welcome punishment.	0	1	2	3
52. My child disturbs other children by teasing, provoking fights, and interrupting others.	0	1	2	3
53. My child steals things.	0	1	2	3
54. I have to spank my child.	0	1	2	3
55. My child has eating problems.	0	1	2	3
56. My child hides food.	0	1	2	3

School

57. My child voices an intense dislike of school.	0	1	2	3
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|--|---|---|---|---|
| 58. My child does not seem to be learning, as he/she should. | 0 | 1 | 2 | 3 |
| 59. The teachers complain about my child. | 0 | 1 | 2 | 3 |
| 60. My child stares blankly into space and is unaware of his/her surroundings when doing so. | 0 | 1 | 2 | 3 |
| 61. My child complains of illnesses such as nausea, stomach pain or headaches. | 0 | 1 | 2 | 3 |
| 62. My child sometimes has accidental bowel movements/wetting in his/her clothing. | 0 | 1 | 2 | 3 |

CIRCLE YES OR NO TO THE FOLLOWING

(SECTION AT THE END FOR COMMENTS/ EXPLANATIONS)

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|--|-----|----|
| 63. My child is in a special program at school. | YES | NO |
| 64. My child may have a learning disability. | YES | NO |
| 65. My child has a visual, hearing, or speech problem. | YES | NO |

Physical

- | | | |
|---|-----|----|
| 66. My child has problems with bowel movements. | YES | NO |
| 67. My child wets the bed. | YES | NO |
| 68. My child is overweight or underweight.
(Underline which one applies) | YES | NO |
| 69. My child has had a major illness, operation or accident (include a serious fall or bump on the head).
If yes, please list: _____ | YES | NO |

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|---|-----|----|
| 70. My child has a chronic illness or handicap. | YES | NO |
| Describe: _____ | | |

- | | | |
|---------------------------------------|-----|----|
| 71. My child has allergies or asthma. | YES | NO |
| Describe: _____ | | |

- | | | |
|-----------------------------------|-----|----|
| 72. My child has eating problems. | YES | NO |
| Describe: _____ | | |

