DEBBIE GROSS, LCSW, Ltd.
3255 N. Arlington Heights Road • Suite 502 • Arlington Heights, IL 60004
Phone: (847) 253-5352 • Website: www.debbiegrosstherapy.com

CHILD HISTORY FORM

Welcome to my practice! You have taken the first step towards helping your child find better ways to cope, experience life in a more fulfilling manner, and building on strengths while minimizing weaknesses. Whether school issues, social or behavioral concerns, emotional struggles, or coping strategies, I will be with you on this important journey.

Please fill out this history form so I may learn more about you in order to help you best.

Date: _____

Name of Child: _____ Age: _____

School: _____ Grade: _____

How was your child referred to my practice?_____

What is bringing you into counseling now? _____

_____

_____

What are your counseling goals for your child? _____

_____

_____

Is there any additional history you would like to share? _____

_____

_____

Have your child had any previous counseling? Yes ☐ No ☐

If yes, please list therapists' names: _____

List current medications: _____

_____

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Does your child or a family member have a history of any of the following?

	Child?	Family Member?
Abuse (Physical, Sexual, Verbal)	☐	☐
Arrest/Legal Issues	☐	☐
Drug/Alcohol Misuse	☐	☐
Eating Disorder	☐	☐
Head Injury	☐	☐
Medical Condition	☐	☐
Psychiatric Hospitalization	☐	☐
Self-Harm	☐	☐
Suicide Attempt	☐	☐
Suicidal Intention	☐	☐

Please explain any checked boxes here, including relevant dates:

_____

_____

_____

Do you have any additional information you feel would be important for me to know about your child?

_____

_____

_____