Chattahoochee Child Psychology, LLC

Social History Information

Client Number (for office use): _____

Client's Name: _____ Date: _____/_____/_____

Gender: ☐ Female ☐ Male **Client's Date of Birth: _____/_____/_____ Age: _____**

Grade in school: _____ **School Attending: _____**

Respondent's Name: _____ Relationship to Client: _____

If you need any more space for any of the following questions please use the back of the sheet.

Primary reason(s) for seeking services:

☐Anger management ☐Eating disorder ☐Sleeping problems
☐Anxiety ☐Fear/phobias ☐Addictive behaviors
☐Coping ☐Mental confusion ☐Alcohol/drugs
☐Depression ☐Sexual concerns ☐Hyperactivity
☐Other mental health concerns (specify): _____

Family History

Parents:

With whom does the child live at this time? _____

Marital Status of Biological Parents: ☐ Married ☐ Divorced ☐Separated ☐Never Married
☐Other (specify): _____

If biological parents are not currently married, who has legal custody? _____

Has there been a court decision regarding custody? ☐Yes ☐No

If yes, do you have copies of the custody papers? ☐Yes ☐No

(Note: If a court has awarded guardianship, verification of legal guardianship must be provided to Dr. Green prior to initiation of treatment.)

Is there any significant information about the parents' relationship or treatment toward the child which might be beneficial in counseling? ☐Yes ☐No

If Yes, describe: _____

Client's Mother:

Name: _____Age: _____

Occupation: _____ ☐Full Time ☐Part Time

Where employed: _____ Work phone: _____-_____-_____

Mother's Highest Level of Education: _____
Is the child currently living with mother? ☐ Yes ☐ No
Mother is: ☐Natural parent ☐Step-parent ☐Adoptive parent ☐Foster parent
☐Other (specify): _____
Is there anything notable, unusual or stressful about the child's relationship with the mother?
☐Yes ☐ No If Yes, please explain: _____
_____
How is the child usually disciplined by the mother? _____
What are the child's typical misbehaviors? For what reasons is the child disciplined by the mother? _____
_____

Client's Father:
Name: _____Age: _____
Occupation: _____ ☐Full Time ☐Part Time
Where employed: _____ Work phone: _____-_____-_____
Father's Highest Level of Education: _____
Is the child currently living with father? ☐ Yes ☐ No
Father is: ☐Natural parent ☐Step-parent ☐Adoptive parent ☐Foster parent
☐Other (specify): _____
Is there anything notable, unusual or stressful about the child's relationship with the father?
☐Yes ☐ No If Yes, please explain: _____
_____
How is the child usually disciplined by the father? _____
What are the child's typical misbehaviors? For what reasons is the child disciplined by the father? _____
_____

Client's Siblings and Others Who Live in the Household:

Names of Siblings	Age	Gender	Lives	Quality of relationship with the client
_____	_____	☐M ☐F	☐home ☐away	☐poor ☐average ☐good
_____	_____	☐M ☐F	☐home ☐away	☐poor ☐average ☐good
_____	_____	☐M ☐F	☐home ☐away	☐poor ☐average ☐good
_____	_____	☐M ☐F	☐home ☐away	☐poor ☐average ☐good

Comments: _____
_____

Others living in the household	Age	Gender	Relationship to client (e.g., cousin, foster child)	Quality of relationship with client
_____	_____	☐M ☐F	_____	☐poor ☐average ☐good
_____	_____	☐M ☐F	_____	☐poor ☐average ☐good
_____	_____	☐M ☐F	_____	☐poor ☐average ☐good
_____	_____	☐M ☐F	_____	☐poor ☐average ☐good

Comments: _____
_____

Who is primarily responsible for your child in the following areas?

School: ☐Mother ☐Father ☐Shared ☐ Other (specify): _____
Health: ☐Mother ☐Father ☐Shared ☐ Other (specify): _____
Problem behaviors: ☐Mother ☐Father ☐Shared ☐ Other (specify): _____

Client's Childhood/Adolescent History

Pregnancy/Birth:

Has the child's mother had any occurrences of miscarriages or stillborns? ☐Yes ☐ No
If Yes, describe: _____
Was the pregnancy with child planned? ☐Yes ☐No
Mother's age at child's birth: _____ Father's age at child's birth: _____
Child is number _____ of _____ total children.

Length of pregnancy: _____weeks, _____days
Length of labor: _____hours Induced: ☐Yes ☐ No Caesarean? ☐ Yes ☐No
Birth weight: _____lbs, _____oz Baby's birth length: _____inches
Length of hospitalization after birth: Mother: _____days Baby: _____days

Infancy/Toddlerhood Check all which apply:

☐Breast fed
☐Bottle fed
☐Milk allergies
☐Vomiting
☐Diarrhea
☐Rashes
☐Colic
☐Constipation
☐Febrile Seizures
☐Not cuddly
☐Cried often
☐Rarely cried
☐Overactive
☐Resisted solid food
☐Sleep problems
☐Irritable when awakened
☐Lethargic

Client's Educational History

Is child in Special Education? ☐ No ☐Yes, describe: _____
Is child in Gifted Education? ☐ No ☐Yes, describe: _____
Has child ever been held back/repeat grade in school? ☐ No ☐Yes, what grade(s), describe: _____
_____
Which subjects does the child enjoy in school? _____
Which subjects does the child dislike in school? _____
What grades does the child usually receive in school? _____
Have there been any recent changes in the child's grades? ☐ No ☐Yes, describe: _____
_____
Has the child ever received psychological testing? ☐ No ☐Yes, describe (reason, findings): _____
_____

Check the descriptions which specifically relate to your child:

Feelings about School Work:

☐Anxious
☐Passive
☐Enthusiastic
☐Fearful
☐Eager
☐No expression
☐Bored
☐Rebellious
☐Other (describe): _____
_____

Approach to School Work:

☐Organized
☐Industrious
☐Responsible
☐Interested
☐Self-directed
☐No initiative
☐Refuses
☐Does only what is expected
☐Sloppy
☐Disorganized
☐Cooperative
☐Doesn't complete assignments
☐Other (describe): _____

Performance in School (Parent's Opinion):

☐Satisfactory ☐Underachiever ☐Overachiever ☐Other (describe): _____
_____

Client's Employment History

Does the client have a job or participate in a vocational program? ☐No (skip this section) ☐Yes
What is the client's attitude toward work? ☐Poor ☐Average ☐Good ☐Excellent
Current employer: _____Position:_____Hours per week: _____
How have the client's school grades been affected since working? ☐Lower ☐Same ☐Higher
How many previous jobs or placements has the child had? _____
Usual length of employment:_____ Usual reason for leaving: _____

Child's Social History

Child's Peer Relationships:

☐Spontaneous
☐Follower
☐Leader
☐Difficulty making friends
☐Makes friends easily
☐Long-time friends
☐Shares easily
☐Other (describe): _____
_____

Leisure/Recreational:

Describe activities, special areas of interest, or hobbies (e.g., art, books, crafts, physical fitness, sports, outdoor activities, church activities, walking, exercising, diet/health, hunting, fishing, bowling, school activities, scouts, etc.). Note any change in level of interest/involvement since onset of problematic symptoms/behaviors.

Activity/Interest	How often now?	How often in the past?

Counseling/Prior Treatment History

Information about child/adolescent (past and present):	No	Yes	When / Where	Reaction or overall experience
Counseling/Therapy	☐	☐	_____	☐Good ☐Bad ☐Neutral
Drug/alcohol treatment	☐	☐	_____	☐Good ☐Bad ☐Neutral
Psychiatrist/Medication	☐	☐	_____	☐Good ☐Bad ☐Neutral
Psychiatric Hospitalizations	☐	☐	_____	☐Good ☐Bad ☐Neutral
Residential Treatment	☐	☐	_____	☐Good ☐Bad ☐Neutral

Current Behavioral/Emotional Functioning

Please check any of the following that are typical for your child:

☐Affectionate
☐Aggressive
☐Alcohol problems
☐Angry
☐Anxiety
☐Attachment to dolls
☐Avoids adults
☐Bedwetting
☐Blinking, jerking
☐Bizarre behavior
☐Bullies, threatens
☐Careless, reckless
☐Chest pains
☐Clumsy
☐Confident
☐Cooperative
☐Cyber addiction
☐Defiant
☐Depression
☐Destructive
☐Difficulty speaking
☐Dizziness
☐Drugs dependence
☐Eating disorder
☐Enthusiastic
☐Excessive masturbation
☐Expects failure
☐Fatigue
☐Fearful
☐Frequent injuries
☐Frustrated easily
☐Gambling
☐Generous
☐Hallucinations
☐Head banging
☐Heart problems
☐Hopelessness
☐Hurts animals
☐Imaginary friends
☐Impulsive
☐Irritable
☐Lazy
☐Learning problems
☐Lies frequently
☐Listens to reason
☐Loner
☐Low self-esteem
☐Messy
☐Moody
☐Nightmares
☐Obedient
☐Often sick
☐Oppositional
☐Over active
☐Overweight
☐Panic attacks
☐Phobias
☐Poor appetite
☐Psychiatric problems
☐Quarrels
☐Racing thoughts
☐Sad
☐Selfish
☐Separation anxiety
☐Sets fires
☐Sexual addiction
☐Sexual acting out
☐Shares
☐Sick often
☐Short attention span
☐Shy, timid
☐Sleeping problems
☐Slow moving
☐Soiling
☐Speech problems
☐Steals
☐Stomach aches
☐Suicidal threats
☐Suicidal gestures
☐Suicidal attempts
☐Talks back
☐Teeth grinding
☐Thoughts of death
☐Thumb sucking
☐Tics and twitching
☐Unsafe behaviors
☐Unusual thinking
☐Weight loss
☐Withdrawn
☐Worries excessively
☐Other, specify:_____

Please describe any of the above (or other) concerns: _____

How are problem behaviors generally handled? _____
_____

What are the family's favorite activities? _____
_____

What does the client do with his/her free time? _____
_____

Has the child/adolescent experienced death? (friends, family pets, other) ☐ Yes ☐ No
If yes, at what age? _____Describe the child's/adolescent's reaction: _____
_____

Have there been any other significant changes or events in your child's life? (family, moving, fire, etc.)
☐ Yes ☐ No If Yes, describe: _____
_____

Please describe any religious or cultural factors that may impact your child's treatment: _____
_____

Please add any additional information that you believe would be helpful in understanding your child/adolescent: _____
_____

Please add any additional information that would be helpful in understanding current concerns or problems:
_____
_____

What are your goals for your child's therapy? _____
_____
_____

For Staff Use

Date Reviewed: _____/_____/_____

Psychologist's signature/credentials: _____