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# Personal History Form

**Name:** _____ **DOB**: _____ **Date**: _____

**What is the problem/concern(s)**? _____

**How long has this been going on?** _____

**Name and Relationship of person completing this form?** _____

## Current Signs & Symptoms

(please also complete the form Pediatric Symptom Checklist)

*Mild*: Impacts quality of life, but no significant impairment of day-to-day functioning ● *Moderate*: Significant impact of quality of life and/or day-to-day functioning ● *Severe*: Profound impact on quality of life and/or day-to-day functioning

| | Mild | Moderate | Severe | | Mild | Moderate | Severe |
|---|---|---|---|---|---|---|---|
| depressed mood | ❑ | ❑ | ❑ | dissociative states | ❑ | ❑ | ❑ |
| appetite disturbance | ❑ | ❑ | ❑ | paranoia | ❑ | ❑ | ❑ |
| sleep disturbance | ❑ | ❑ | ❑ | intrusive thoughts | ❑ | ❑ | ❑ |
| urine/bowel disturbance | ❑ | ❑ | ❑ | delusions | ❑ | ❑ | ❑ |
| fatigue/low energy | ❑ | ❑ | ❑ | seeing things that are not there | ❑ | ❑ | ❑ |
| psychomotor retardation | ❑ | ❑ | ❑ | hearing things that are not there | ❑ | ❑ | ❑ |
| poor concentration | ❑ | ❑ | ❑ | aggressive behaviors | ❑ | ❑ | ❑ |
| poor grooming | ❑ | ❑ | ❑ | conduct problems | ❑ | ❑ | ❑ |
| mood swings | ❑ | ❑ | ❑ | oppositional behavior | ❑ | ❑ | ❑ |
| agitation | ❑ | ❑ | ❑ | sexual dysfunction | ❑ | ❑ | ❑ |
| emotionality | ❑ | ❑ | ❑ | grief | ❑ | ❑ | ❑ |
| irritability | ❑ | ❑ | ❑ | hopelessness | ❑ | ❑ | ❑ |
| generalized anxiety | ❑ | ❑ | ❑ | social isolation | ❑ | ❑ | ❑ |
| panic/anxiety attacks | ❑ | ❑ | ❑ | worthlessness | ❑ | ❑ | ❑ |
| phobias | ❑ | ❑ | ❑ | somatic aches/pains | ❑ | ❑ | ❑ |
| obsessions/compulsions | ❑ | ❑ | ❑ | self-mutilation / harm | ❑ | ❑ | ❑ |
| weight gain/loss | ❑ | ❑ | ❑ | medical conditions | ❑ | ❑ | ❑ |
| elevated mood | ❑ | ❑ | ❑ | emotional trauma victim | ❑ | ❑ | ❑ |
| hyperactivity | ❑ | ❑ | ❑ | physical trauma victim | ❑ | ❑ | ❑ |
| binging/purging | ❑ | ❑ | ❑ | sexual trauma victim | ❑ | ❑ | ❑ |
| laxative/diuretic abuse | ❑ | ❑ | ❑ | emotional trauma perpetrator | ❑ | ❑ | ❑ |
| anorexia | ❑ | ❑ | ❑ | physical trauma perpetrator | ❑ | ❑ | ❑ |
| guilt | ❑ | ❑ | ❑ | substance abuse | ❑ | ❑ | ❑ |
| other: _____ | | | | other: _____ | ❑ | ❑ | ❑ |

## Recent Changes or Events

(moving, fire, new family member, death, loss, divorce, marriage, etc.)

## Family History

Child lives with (Name & Relationship to child):
Occupation of parents/guardians:

Biological parents are: ❑ Married/Together ❑ Separated ❑ Divorced
What is the custody arrangement (legal and physical)?
What is the visitation arrangement?

| Name of **Sibling** | Age | Gender | Lives at (home/away) | Quality of Relationship with client (good/fair/poor) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Name of **Other**s Living in the home | Age | Gender | Relationship to client | Quality of Relationship with client (good/fair/poor) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Pregnancy/Birth

During pregnancy, mother used:
❑ Cigarettes ❑ Wine ❑ Hard Alcohol ❑ Prescription Medication ❑ OTC medication/supplement
❑ Cigars ❑ Illegal substances: _____ ❑ Other: _____
Quantity/How much?
Frequency/How often?

Any significant events/complications about the pregnancy or delivery:

## Current Relationship

❑ Never been in a relationship ❑ Not currently in a relationship ❑ Currently in a relationship
**Relationship Satisfaction**: ❑ Satisfied ❑ Somewhat satisfied ❑ Dissatisfied
**Sexual Orientation**: ❑ Heterosexual ❑ Gay/lesbian ❑ Bisexual
Comments or concerns:

**Medications and Supplements** (please list prescription and over-the-counter medications, vitamins, & supplements)

Who is responsible for managing the child's medications?
Is the child taking the above "as prescribed/directed"?

**Medical and Surgical History** (please list significant medical problems and surgeries)

(Significant medical problems of Mom/Dad/Guardian/Other in child's life):

**Mental Health History** **(**please list any diagnoses, therapy, treatment, and medications)

Has the child has any suicidal thoughts or attempts? If so, when?
Has the child ever been hospitalized in a psychiatric hospital? If so, when? Reason?

(Significant mental health problems of Mom/Dad/Guardian/Other in child's life):

**Nutrition** (please list typical foods eaten, where, how much)

Breakfast Lunch Dinner Snacks

Does the family sit down to eat together?
Any comments or concerns about food, eating, body image:

**Educational**

School Name: Current Grade Level:
List learning or behavior problems in school:
In Special Education? ❑ No ❑ Yes, Describe: _____
What grades does the child usually receive?
Any recent changes in child's grades:

**Employment**

Employer: _____ Position: _____ Hours per week: _____
Any comments or concerns:

**Social Cultural History**

Birthplace:
List any delays the child had in reaching developmental milestones (sitting up, walking, talking, etc.)?

Exposure to abuse: ❑ Physical ❑ Verbal ❑ Emotional ❑ Sexual ❑ Neglect

Length of time in local area:
Religion/spirituality:
Ethnicity/Cultural factors:
Identity Issues:
Disabilities:
Hobbies and activities:
Exercise:
❑ Makes friends easily ❑ Difficulty making friends ❑ Friends are much older ❑ Friends are much younger
❑ A leader ❑ A follower ❑ A loner ❑ Teased by others ❑ Teases or bullies others
Comments or concerns about child's friends or social skills:

**Substance Use History** (please list prescription, illicit, legal, & recreational substances)

Has the child had any substance misuse treatment? For what? When?

(Significant substance use history of Mom/Dad/Guardian/Other in child's life):

**Legal History**

❑ Juvenile Hall ❑ Probation ❑ Court ordered treatment
Reason:

(Significant legal problems of Mom/Dad/Guardian/Other in child's life):

**Other Agencies or Systems Involved** (social services, court, etc.)

**Desired Result of Therapy/Services** (what do you want to get out of this?)

**Protective Factors – Strengths**
Support person/system:

Current coping strategies:

**Other**
What family involvement would you like to see in therapy?
Is there anything you would like me to know about your child or family?
Any questions for me?