Catholic Charities Family Services

Child / Adolescent Social History

The purpose of this form is to assist the therapist in completing a prompt and thorough assessment of your child in order to create a service plan tailored to the needs of the client. Please complete the questions as thoroughly and accurately as possible so that we can provide the most appropriate services for the needs of your child. **This form and all of your records are confidential.**

Date:_____ Form Completed by:_____ Relation to Child:_____

Child's Name:_____ Age:_____ Date of Birth:_____ Gender: **M / F**

School Attending:_____ Grade: _____Medications:_____

Child's Religion:_____ Parish/Church:_____

Current Issues

Please state your reasons for seeking therapy for yourself/ your child at this time:_____

_____

_____

If applicable, when did the problems begin, what has contributed to the maintenance, have any solutions helped?_____

_____

_____

What do you/your child hope to gain from therapy?_____

_____

_____

Developmental / Medical History

Were there any complications with the pregnancy or delivery?_____

_____

How was the child's health at birth?_____

Was the pregnancy planned? **Y / N** Was the child adopted **Y / N** (If yes, what age): _____

Was your child in childcare?_____How many hours per day/week?_____

Please answer the following by circling "Yes" or "No"

1. Did your child enjoy body contact as an infant? Yes No

2. Did your child sleep well as an infant? Yes No

3. Was your child walking by age 2? Yes No

4. Was your child talking by age 2? Yes No

5. Was your child toilet trained by age 3? Yes No

6. Was your child free of allergies? Yes No

If you answered "no" to any of these questions, or had any other concerns about your child's development, please explain:_____

_____

Has your child ever had any significant illnesses, injuries, accidents or hospital stays since birth? Please list dates and describe:_____

_____

Academic/Behavioral History

Name of child's current teacher:_____

Is/has your child in a special education program at school? yes___ no___

Does your child currently have an IEP or 504 plan? yes ___ no___

If your child has attended other schools than their current school, list schools and dates of attendance. Please identify if the schools are private, public or if your child has been homeschooled:_____

_____

_____

Has your child had any issues in school? Please explain and specify below:

Academic_____

_____

Behavioral _____

_____

Other_____

_____

When did these issues begin?_____

_____

Has your child ever been: ☐ Suspended from school ☐ Held back a year ☐ Truant from school

Please explain:_____

_____

Mental Health

Has your child received mental health services previously? Please list dates and providers:_____

_____

Has anyone in your family received mental health services? Please list relation and issue:_____

_____

Please describe any major stressors that have occurred in your child's life (ex. Parenting interruptions, new baby, deaths, moves, etc.): _____

_____

Please list others living in the home with your child:

Name Ex. John	Gender M	Age 10	Relation to child Brother	Relationship Close/Distant

Has your child ever experienced abuse? ☐ Emotional ☐ Physical ☐ Sexual ☐ Verbal ☐ Neglect ☐ Other

Please explain:_____

_____

Who are the important people in your child's life?_____

_____

What are your child's strengths?_____

_____

Are you/your child open to incorporating your/their faith in to session? Explain:_____

_____

Please identify current ways your child copes with stressors:

☐ Exercise ☐ Playing video games ☐ Watching television ☐ Reading ☐ Being with friends ☐ Being with family ☐ Playing games ☐ Comfort foods ☐ Church activities ☐ Sports ☐ Volunteering ☐ Sleeping ☐ Listening to music ☐ Social media (ex. Facebook) ☐ Withdrawal from others ☐ Playing with pets ☐ School involvement ☐ Expressive activities (singing, painting, dancing)

Is your child involved in extra-curricular activities?_____

How is your child disciplined?_____

Legal Issues

Has your child ever been: ☐ Arrested ☐ Convicted of a crime ☐ Caught stealing

If yes to any of the above, please provide dates and explanations:_____

_____

_____

Behavioral Concerns

Please identify if any of the following concerns apply to your child, and explain:

☐ Aggression (In danger of hurting someone, starting fights)_____

_____

☐ Alcohol or drug use_____

_____

☐ Eating issues (Overeating, restricting food, etc) _____

_____

☐ Sexual behavior (Including pornography use):_____

_____

☐ Self-harm (How the child harms themselves, when started, triggers if known)_____

_____

☐ Suicidal thoughts (When started, triggers if known) _____

_____

☐ Suicide attempts (When, how, treatment received)_____

_____

_____

ADDITIONAL COMMENTS: Please add any additional information regarding your child's social history which you believe is important for us to know:_____

_____

_____

_____