CATHOLIC CHARITIES FAMILY SERVICES **FS-5a**
CHILD/ADOLESCENT SOCIAL HISTORY

5/00

DIRECTIONS: Please fill out as much as you can. This will help us provide the most appropriate services for your child's needs.

CHILD'S NAME:_____**DATE**:_____
DATE OF BIRTH:_____**GRADE**:_____

ADDITIONAL HOUSEHOLD MEMBERS

Name	***Age***	***Date of birth***	***Sex***	***Relation to child***	***Occupation:***	***Education:***

If your child has a parent that lives outside of the home, please complete the following:
Name: _____ Age: _____ Place of residence: _____

REASON FOR SEEKING COUNSELING
Briefly describe your reasons for seeking counseling for your child.
_____
_____
_____
_____
_____
_____
_____

When did you first begin to notice problems in your child?_____
_____

Describe any major stressors that have occurred in your child's life. (ex. deaths, moves, changes in schools, new baby, etc.)_____
_____

Has your child or anyone in your family received mental health services? Please indicate who, when, and the name of the agency providing the service._____
_____

ADDITIONAL LIFESTYLE ISSUES
*Please complete the section below if you have concerns about your child or any member of the household in connection to the following issues

Concerns about drug or alcohol usage ☐ yes ☐ no
If you checked yes, what are the concerns?
_____
_____
_____

Concerns about sexual issues ☐ Avoidant ☐ Compulsive (pornography, internet, at-risk behaviors) ☐Other
If you checked any box, what are your specific concerns?
_____
_____
_____

Concerns about food ☐ Uncontrolled overeating ☐ Not eating ☐ Other
If you checked any box, what are your specific concerns?
_____
_____
_____

CHILD'S STRENGTHS AND INTERESTS
Please describe your child's strengths and natural talents:_____
_____

Please describe what your child enjoys doing with their free time:_____
_____

Please list your child's extra curricular activities:_____
_____

CURRENT COPING METHODS
Please check all of the boxes that describe current ways your child copes with life stressors.

☐ Exercise ☐ Playing games ☐ Music

☐ Playing video games ☐ Comfort Foods ☐ Self-expression (Singing, painting, dancing)

☐ Watch television ☐ Church activities ☐ Social media (ex. Facebook)

☐ Reading ☐ Sports ☐ Withdraw from others

☐ Being with friends ☐ Volunteer ☐ Playing with pet(s)

☐ Being with family ☐ Sleeping ☐ Involvement in school

☐ Other: _____

MEDICAL HISTORY

How was the mothers' health during pregnancy?_____

Were there any complications during delivery?_____

How was the child's health at birth?_____

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, please explain:_____

_____

Has your child ever had any hospital stays since birth?_____

_____

ACADEMIC/BEHAVIOR HISTORY

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

If not, has your child ever been in such a program? yes ___ no___

Please list the schools your child has attended, and dates of attendance:_____

_____

_____

What problems has your child had in school? (circle all that apply) Academic Behavioral None

Please explain any academic or behavioral problems:_____

_____

_____

When did these begin?_____

_____

Please check the following that apply to your child: Has your child ever been

____suspended from school	____suicidal
____arrested	____involved with alcohol
____in danger of hurting someone	____caught stealing
____held back a year in school	____involved with drugs
____truant from school	____convicted of a crime
____interruption in parenting	____frequent moves
____self-inflicted wounds	____victim of abuse (physical, sexual, emotional)

For those you checked, please explain:_____

_____

_____

_____

ADDITIONAL COMMENTS:

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

_____