

**BIOPSYCHOSOCIAL HISTORY  
CHILD FORM**

IDENTIFYING INFORMATION:

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Mother: \_\_\_\_\_ Work: \_\_\_\_\_

Father: \_\_\_\_\_ Work: \_\_\_\_\_

**Caretaker(s):** \_\_\_\_\_

Brothers/Sisters/Others in household :

<u>Name</u>	<u>Age</u>	<u>Biological</u>	<u>Sex</u>	<u>Grade</u>
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Child's Birth place: \_\_\_\_\_

Mother's Birth place: \_\_\_\_\_ Relationship Status: M S D P

Father's Birth place: \_\_\_\_\_ Relationship Status: M S D P

Date and place of Marriage: \_\_\_\_\_

Date and place of Divorce: \_\_\_\_\_

If either parent is deceased, please list date and cause of death: \_\_\_\_\_

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If this child or another is adopted please list dates and places of adoption(s) : \_\_\_\_\_

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MEDICAL/MENTAL HEALTH HISTORY:

Were there any illness or complications during pregnancy or birth with this child?

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Has child ever had any serious accidents, injuries, or illnesses, or ever required hospitalization, Please explain:

Does child have any current health problems, please list?

Does child currently take any medications?      Any previous medications?

Has child ever seen a therapist, psychologist, or psychiatrist before or been hospitalized for mental health reasons? If so for what reasons, when and whom did child see?

Has any other member of your family ever participated in therapy? Reasons:

Is there any extended family history of mental health or substance abuse issues?

Has any family member ever committed suicide or been hospitalized for suicidal thoughts?

Has child ever been diagnosed with or exhibited any of the following:

ADHD \_\_\_ Learning Disability \_\_\_ Depression \_\_\_

Eating DO \_\_\_ Mood DO \_\_\_ Mood Swings \_\_\_

Excessive fears \_\_\_ Obsessive thoughts/compulsive behaviors \_\_\_

Day/Night time wetting/soiling \_\_\_ Sleep Problems \_\_\_ Low self-esteem \_\_\_

Self harm \_\_\_ Aggressive Behaviors \_\_\_ Suicidal thoughts \_\_\_

Periods of elevated mood \_\_\_ Anxiety \_\_\_ Substance Abuse \_\_\_

Impulse control issues \_\_\_ Failed a grade \_\_\_ Runaway \_\_\_

PERSONAL INFORMATION:

Parent's description of child:

Child's description of self:

Child's favorite activities:

Please list any significant life traumas child has experienced:

Has child ever been physically, emotionally, or sexually abused?

Has child ever been involved in any illegal activities?

Please list parent's/caretaker's main concern about child:

Please list child's main concerns:

Please list child's goals: