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Children's Life History

Date _____

Name of Client _____ Age _____

Gender: M F Date of birth _____ Place of birth _____

Home address _____

Telephone (____) _____ (home) (____) _____ (mother/father's work)

School _____ Grade _____

Primary physician _____ Phone _____

Date of last physical _____ Allergies _____

Present medical conditions _____

Prescribing psychiatrist _____ Phone _____

Current medications and dosage _____

Emergency contact _____ Phone _____

Members of household (list people, birthdates, and relationship to client)

Presenting Problem (what is it, and when did it start?)

Developmental and Medical History

Complications during pregnancy?

Developmental milestones: Please indicate the age when the client

sat _____ crawled _____ walked _____ talked _____ toiletted _____

Childhood illnesses (please circle those that apply):

measles Rubella chickenpox bedwetting sleepwalking broken bones otitis media
 vision problems hearing problems head injuries (falls, etc.) auto accidents

Other:

Hospitalizations (please include reason):

Please circle any of the following that apply:

headaches dizziness asthma stomach trouble
 no appetite fatigue bowel disturbance insomnia nightmares nervousness panic
 tremors loneliness bedwetting depression suicidal ideas or impulses use of
 alcohol or illegal drugs trouble relaxing sexual abuse or trauma shyness fear of crowd
 truancy performance anxiety feeling of inferiority sense of not belonging
 trouble making/keeping friends anger management problems memory problems
 trouble concentrating crying spells starving, bingeing and/or purging school failure verbal or
 physical abuse trauma survivor guilt feelings sense of shame death in the family

Other:

Does any member of the client's family suffer from alcoholism, epilepsy, or any mental disorder? Have any members of the biological family on either side suffered from major illness? Please explain.

Recreational History

What is the child good at? What does he or she do for fun?

Does the child live with pets? What kind?

What does the child do after school each day?

Educational History

Is the child in regular education or special education? If special education, when was this designation first given and on what basis?

Please describe the child's behavioral and academic performance in school for each grade.

What are his/her best and worst subjects?

How does he or she relate to teachers (authority figures) and to peers?

Social History

Does the child make/keep friends easily?

Does the child have a *few close friends* or *many casual friends* (circle one)?

Family of origin

The child lives with ___ biological family, ___ foster family, ___ adoptive or preadoptive family (circle one).

Please describe the child's biological father. How old is he? What kind of work does he do? Briefly describe his family of origin.

Please describe the child's biological mother. How old is she? What kind of work does she do? Briefly describe her family of origin (parents, siblings, childhood circumstances). What is or was her occupation?

Please list the names, genders, and dates of birth of siblings. How do these children relate to each other? Please describe briefly

Please describe any major life changes that the child has experienced (major moves, deaths in the family, losses, including illness in the family, changes in financial circumstances, etc.)

Has the child had any previous counseling or hospitalizations for mental/behavioral health problems? Please name the providers and supply dates and diagnoses.

Is the child being brought up in any religious faith? If so, which one? Are there specific values associated with this faith? What are they?