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Child/Adolescent History Form

Child Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Biological Sex: _____

Identified Gender (if different than sex): _____

Preferred Gender Pronouns (if applicable): _____

Race/Ethnicity: _____ Religious/Spiritual Affiliation (if applicable): _____

Parent/Guardian Relationship Status: _____

Other Important Cultural Information: _____

Presenting Problem:

Reasons for seeking services:

Please list current symptoms:

Mental Health History:

How long have these concerns been present regarding your child?:

Please list past outpatient therapy your child may have received:

(Name of therapist/length of time in therapy/type of work completed/past diagnoses)

Please list past inpatient mental health hospitalization your child may have received:

(Name of hospital/location/length of stay/age of hospitalization/reason for hospitalization)

Please list past and current medications your child has been prescribed/is using:

Medication name Dosage Reason for med. Taking as prescribed? (Y/N)

Educational History:

School Name:

Grade:

Primary Teacher Name:

Please list/describe any trouble your child may be experiencing at school (academic or behavioral):

What are child's best and worst subjects?:

Has your child ever been diagnosed with a learning disorder?:

Does your child have an IEP/504 Plan in place?: (Y/N)

If Yes, please describe accommodations that have been recommended:

If Yes, are these accommodations, in your opinion, being implemented appropriately?

If No, do you think your child might need an IEP/504 Plan?: (Y/N)

Has your child ever received educational or psychological testing/evaluation in the past? (please describe):

Has your child ever been retained in a grade?: (Y/N) Please list reason for retention:

Has your child ever received special education services?: (Y/N) Please list reason for extra services:

Does your child enjoy school?:

Social Functioning:

Does your child make friends easily?

Does your child seem to have peers in whom your child can confide?:

Please list activities in which your child is currently involved:

Medical History:

Please list any medical conditions your child has and rate how well managed they are (good, fair, poor):

Please list any surgeries your child may have had:

Please list any hospitalizations your child may have had for a medical condition/length of stay:

Developmental History:

If child was adopted, please indicate age at adoption and any information you know about your child's life before the adoption:

Pregnancy history (please describe the pregnancy with the child including term of pregnancy, any pregnancy-related complications):

Birth process:

Vaginal/Cesarean section?

Please note any complications that occurred during the birth process:

As an infant, was your child breast-fed, formula fed, or both? Please explain:

If you attempted to breast feed, please describe any challenges you experienced:

Please describe your child as an infant (cuddly, easy, difficult, colicky, active):

At what age did your child complete the following milestones?:

Smile at others:

Roll over from stomach to back:

Roll over from back to stomach:

Crawl:

Walk without holding on:

Use single words:

Form 2-3 word sentences:

Remain dry during the day:

Remain dry at night:

Have you noticed regression on your child's part in any of those areas?

Did your child have any difficulty with sleeping as an infant/toddler?:

Did your child have any difficulty with eating as an infant/toddler?:

Discipline:

Please list what you have used historically and use presently for discipline with your child:

Are you experiencing any difficulty with consistently implementing effective discipline strategies?:

Family of Origin History:

Place of birth:

Who has cared for your child up to this point?:

Please list who currently lives in your household and the quality of those relationships:

Please list any current family stressors that are occurring:

Please list any family members who have diagnosed or suspected undiagnosed mental health conditions:

Trauma History

Please circle/highlight any of the following your child may have experienced:

- Physical abuse* *Emotional/verbal abuse* *Sexual abuse*

- Witnessing violence (including domestic violence)* *Bullying*

- Confusing experiences/boundary violations* *Peer rejection*

- Natural disasters* *Loss of a parent or other important caregiver*

Substance Use:

Please check the following substances your child has used or may have used in the past as well as any substances you are aware your child is using currently:

	Past	Current	Suspected
Alcohol			
Wine			
Liquor			
Beer			
Marijuana (any form)			
Cocaine			
Crack Cocaine			
Hallucinogens			
Inhalants			
“Club Drugs” (i.e. Ecstasy)			
Heroin			
Prescription Drugs (not as prescribed)			
Stimulants			
Tobacco			
Caffeine			
Other:			

Have you ever approached your child about your child’s substance use? Please describe the outcome:

Please list any prior treatment for drug or alcohol use:
(Inpatient/Intensive Outpatient/Educational/Detox/Date/Location):

Legal History:

<u>Charge</u>	<u>Date of Arrest</u>	<u>Juvenile Detention (Y/N)</u>	<u>Probation (Y/N/Dates)</u>
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Strengths and Weaknesses:

Please list three of each to describe your child:

Strengths: 1. 2. 3.

Weaknesses: 1. 2. 3.

Other Important Information About Your Child That Dr. Hanzlik Should Know:

For Therapy Patients

Goals for therapy:

Short Term

1.

2.

3.

Long Term

1.

2.

3.