

CHILD/TEEN PERSONAL HISTORY

TODAY'S DATE: _____

The following are questions asked of all persons beginning service at Family Service Madison. The information you provide on your Child/Teen Personal History form will assist his/her therapist in getting to know them as quickly as possible. Please answer **ALL** questions as completely as possible. Your answers are confidential and will not be shared with anyone outside the agency without your written consent. Please use the space provided for the answers or the back of the form if you need more space.

Name of Child/Teen: _____

Legal Guardian: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Is it okay to call/leave a message at these phone numbers: _____ Yes _____ No

Date of Birth: _____ Age: _____

Residency: City of Madison Dane County Outside of Dane County N/A

Ethnicity: African American Asian SE Asian Biracial or multiracial Latino/a
 Native American White Other: _____ N/A

Household Annual Income: Free & Reduced Lunch Non-need Less than \$11,999
 \$12,000 to \$23,999 \$24,000 to \$35,999 \$36,000 to \$49,999 \$50,000+

Does the child/teen have a disability/handicap? Yes No N/A

Please list any past providers of treatment or evaluations performed with your child/teen:

Begin with the latest treatment.

Treatment Provider/Hospital	Dates	Problem	Outcome/Response

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Family of Origin History

1. Describe your relationship with your child/teen.
2. What strengths or positive attributes do you see in your child/teen?
3. What are your strengths as a parent(s)?
4. Describe his/her relationship to other significant adults (including non-custodial parents).
5. Is there a family history of mental illness (i.e. depression, anxiety, hospitalization, etc.)?
 Yes No
If yes, please describe:
6. Is there a family history of drug/alcohol abuse? Yes No
If yes, please describe:
7. Please describe behavior patterns you observe in your child/teen that you view as problematic (i.e. bedwetting/soiling, hitting, swearing, aggressiveness, hurts animals, etc.):

List all persons in household and their relationship to your child:

Name	Age	Relationship

1. What is the relationship like between your child/teen and his/her siblings?

Abuse History

1. Has your child/teen experienced any physical, sexual, emotional abuse (include information as a victim, perpetrator, or any other important information)?

School

1. Where does your child/teen attend school? _____
2. Name of teacher: _____ Grade: _____
3. How does your child/teen view school?

4. Is your child/teen in special classes? Yes No If so, which ones?

5. How does your child/teen function in the school setting (please describe specific behaviors)?
Attendance Issues:

Behavior Issues:

As a parent, what is your relationship like with the school?

Legal Status and History

1. Does your child/teen have a social worker? Yes No

If so, Name of Social Worker: _____ Phone: _____

2. Has your child/teen been in trouble with the legal system? Yes No

If yes, please describe the charges and outcomes:

3. Is your child/teen placed out of the home? If so, please describe:

4. If parents are divorced or separated, what is the placement/visitation schedule or plan?

5. Are you currently involved with Family Court Counseling? If so, who is your counselor?

History of Alcohol and/or Drug Use (If NOT applicable, write N/A)

1. Check **ALL** chemicals that **YOU** have used:

Alcohol Marijuana Crack Freebasing Cocaine Mescaline LSD PCP

Sedatives (Downers) Codeine Heroin Methadone Amphetamines (Speed)

Cocaine Quaaludes Painkillers Psilocybin (Mushrooms) Peyote Snorting

IV Cocaine Inhalants (Gas, Paint Thinner, etc.)

2. What is your substance of choice? _____

3. Frequency of use: _____

4. How does it influence your behavior? _____

5. Do you think you have a substance abuse problem? Yes No

Is there anything else you believe would be helpful for your therapist to know about you or your child/teen?

What goals do you have for therapy for your child/teen?

I certify that all answers to the questions on this questionnaire are true to the best of my knowledge.

Client Signature: _____ Date: _____

Parent or Guardian: _____ Date: _____