

Family Composition: Please list all immediate family and blended family members both living in and out of the home. Include multiple households if parents are divorced/separated.

Name	M/F	Relationship to Resident	Where Living
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Birth and Developmental History:

Birthplace: _____

Adoption

Circumstances of adoption: include age, birth parent history (if known), other placements:

Significant disturbances during childhood (loss, illness, trauma, etc.):

Personality as a child and any significant changes that have been observed:

List any achievements or accomplishments:

List favorite recreation activities, both past and present. Please note any significant loss of interests or change of focus:

Medical History:

List current health diagnosis, both physical and mental:

Any past medications and responses:

Current medication and dosages:

Note issues such as sleep problems, unusual eating habits, poor hygiene, overall fitness, food allergies, etc.:

Describe any medical conditions that would prevent or limit your child from participating in physical activities?

Relationships and Living Environment:

Please describe history of home life, moves, relationship with parents and siblings and current home situation:

Briefly describe all parents/guardians in terms of parenting style, involvement and disciplinary systems:

List other significant relationships including peers, relatives, dating and authority figures:

_____ Violent Behavior _____

_____ Nicotine Abuse _____

_____ Chemical Abuse _____

_____ Fire Setting _____

_____ Auditory Hallucinations _____

_____ Visual Hallucinations _____

_____ Depression _____

_____ Destructive Behavior _____

_____ Legal Involvement _____

Was your child ever assaulted or abused physically, sexually, or emotionally? Was your child ever abused and/or neglected? If yes, include dates and if the case was reported to proper authority.

Child's Strengths/Weaknesses:

In your opinion, what are your child's limitations: _____

In your opinion, what are your child's strengths: _____

