**Personal Information**

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Child’s Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_

Name of parent/guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Marital Status: \_\_\_\_\_\_\_\_\_\_ Other Children: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M F

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M F

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M F

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M F

Parent’s Employment Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any history of physical, emotional or sexual abuse of child to be seen: \_\_\_\_\_\_\_\_

Any history of attempted suicide in the family or with child being seen: \_\_\_\_\_\_\_

Any family history of committed suicide: \_\_\_\_\_\_\_\_Any deaths within nuclear family unit: \_\_\_\_\_\_\_\_

Any recent life stresses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family History**

Parents: Father Living: \_\_\_\_\_\_\_\_\_ Mother Living: \_\_\_\_\_\_\_\_\_\_

Siblings: Brothers: \_\_\_\_\_\_\_\_Living:\_\_\_\_\_\_\_\_Sisters:\_\_\_\_\_\_\_\_\_Living:\_\_\_\_\_\_\_\_\_\_\_

Placement of birth order: \_\_\_\_\_\_

Any chronic illness for child being seen: \_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any chronic illnesses of family members: \_\_\_\_\_\_\_\_\_\_Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any mental health diagnosis for child being seen: \_\_\_\_\_\_\_Diagnosis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any mental health diagnosis for family members: \_\_\_\_\_\_\_Diagnosis:\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_