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(937) 999-6643

Date _____

CHILDREN'S BACKGROUND FORM

THE INFORMATION YOU GIVE IS FOR PROFESSIONAL USE ONLY.

Child's Full Name _____

Birthdate _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____ Phone _____

School _____ Grade _____ Teacher _____

Address _____ Phone _____

Family Doctor _____ Referred By _____

List any physical or medical condition that affects your child's functioning: _____

PARENTS

Father's Name _____ Social Security # _____ Birthdate _____

Address (if different) _____ Phone _____

Education _____ Occupation _____

Mother's Name _____ Social Security # _____ Birthdate _____

Address (if different) _____ Phone _____

Education _____ Occupation _____

HEALTH INSURANCE

Health Insurance Co. _____ Filing Address _____

Phone # _____ Policy # _____ Group # _____

Policy Holder Name _____ Address _____

Social Security # _____ Birthdate _____

Employer _____ Relationship to Patient _____

Has Authorization Been Obtained? Yes _____ No _____ Not Applicable _____

CHILDRENS BACKGROUND FORM

Date _____

So that we can help you, please fill out the following information about your child. This information will be treated in a professional manner.

Child's Name _____ Sex _____ Age _____ Birthdate _____

_____ Street _____

(Signature of Parent or Guardian) City _____ State _____

Zip Code _____ Phone _____

(Address/Phone of Parent or Guardian)

Name of person filling out this form _____

What is your relationship to this child? _____

In your own words, what are the problems or difficulties your child is experiencing? _____

Have you tried to get any previous help for this? _____ What kind? _____

_____ When? _____ Where? _____ Was this helpful? _____ How? _____

What procedures have you tried on your own? _____

When did these problems first begin? _____

What important things have happened to your child or the family in the last six months? _____

What sudden changes have you noticed recently in his/her behavior and moods or in family members?

BIO-MEDICAL AND DEVELOPMENTAL HISTORY

What aches, pains or physical discomforts does your child have these days? _____

What has he/she been hospitalized for in the past? _____

What problems were there during pregnancy and birth with your child? _____

How much did he/she weigh at birth? _____

At what age did your child:

Sit alone _____

Say his/her first word _____

Walk alone _____

Use two words together _____

Ride a tricycle _____

Become toilet trained _____

Dress himself _____

Learn basic colors _____

What accidents has your child had? _____

What is the name and address of the physician who usually sees the child? _____

When was his/her latest medical examination? _____

What medications is he/she taking these days? _____

What is the name and address of the person to notify in case of an emergency? _____

Who referred you to us? _____

SCHOOL HISTORY

Which schools has your child attended since entering school? _____

What grade is your child in now? _____ At what school? _____

In what three subjects does he/she earn his/her best grades? _____

In what three subjects has he/she earned his/her lowest grades? _____

What grade did he/she repeat? _____

Is your child's schoolwork: Above average _____ Average _____ Below Average _____

What are his/her favorite subjects? _____

What special school problems does your child have? _____

What psychological or achievement tests has your child had previously? _____

What were the results or scores? _____

HOME HISTORY

What problems does your child have at home? _____

When are these problems worse? _____

When are they better? _____

Please fill in the names, ages, etc. of your child's family.

Name	Age	Level of Education	Occupation	Where Employed	Work Schedule
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Father _____

Mother _____

Brothers	_____	Birthdate	_____	Age	_____
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_____	_____	Birthdate	_____	Age	_____
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_____	_____	Birthdate	_____	Age	_____
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Sisters	_____	Birthdate	_____	Age	_____
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_____	_____	Birthdate	_____	Age	_____
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_____	_____	Birthdate	_____	Age	_____
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Others living in your home _____

(If any of the above are adopted, please indicate this.)

Which child seems easiest to get along with and why? _____

Which child is the most difficult and why? _____

Who disciplines the children and how? _____

What year were your child's parents married to each other? _____

What marital problems have there been between the parents? _____

Previous marriages for the father? _____ From: _____ To: _____

Previous marriages for the mother? _____ From: _____ To: _____

How do the parents feel about the child? _____

Please CIRCLE any of the following which are problems with this child.

- | | | |
|--------------------|------------------------|-----------------------|
| a. Stealing | j. Tiredness/Fatigue | s. Clumsiness |
| b. Lying | k. Eating Problems | t. Over-activity |
| c. School Problems | l. Sex Problems | u. Under-activity |
| d. Running Away | m. Shyness | v. Easily Upset |
| e. Toilet Problems | n. Extreme Fears | w. Self-critical |
| f. Temper Tantrums | o. Over-dependency | x. Destructiveness |
| g. Nail Biting | p. Jealousy/Resentment | y. Depression/Sadness |
| h. Sleep Problems | q. Cruelty | z. Guilt Feelings |
| i. Nervousness | r. Over-sensitive | |

Please tell us a little about each you circled. _____

What are his/her strong points or favorable characteristics? _____

What are the "good" behaviors your child engages in? _____

What games or particular interests does your child enjoy? _____

What else does your child like to do? _____

What kinds of things might serve as rewards for this child? _____

How does he/she get along with teachers as compared to his/her parents? _____

How does he/she get along with boys and girls of the same age? _____

What people has your child felt close to in his/her life? _____

How many friends does your child have? _____

FAMILY HISTORY

What emotional troubles, nervous breakdowns, convulsive disorders, etc., have there been in your child's family or relatives? _____

What troubles has your child's family had with the law? _____

What religion does your child's family belong to? _____

Who lives in the house with your child at present? _____

How many bedrooms are there? _____ What are the sleeping arrangements? _____

What sort of neighborhood does your child live in? _____

FINANCIAL

What was the family's income last year? _____

How many people did this income support? _____

What medical/hospitalization insurance do you have? _____

Does it cover treatment of emotional problems? _____