**Larry Goodman, LMFT**

**History for Minor Patients**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s full name: Grade: Birthdate: Age:

Primary address: City: Zip:

Person completing form: Relationship to Child:

How would you like me to contact you? \_\_ Cell \_\_ Home \_\_ Text \_\_ Email

**First Parent’s Name and Age:**

Address: Home phone:

City: Zip: Work phone: Cell phone:

Occupation: Highest Education: **Email:**

**Second Parent’s Name and Age:**

Address: Home phone:

City: Zip: Work phone: Cell Phone:

Occupation: Highest Education: Email:

Social Security Number: Drivers License No.

**Patient is presently living with**: (Check all that apply)

\_\_\_ Biological mother \_\_\_ Biological father \_\_\_ Step-mother \_\_\_ Step-Father

\_\_\_ Adoptive mother \_\_\_ Adoptive father \_\_\_ Foster parents

\_\_\_ Other (Specify)

If the patient lives in more than one location, specify the arrangement:

Relationship of parents (married; if divorced, how long)?:

[If divorced, please provide Custody Agreement regarding medical treatment]

Please list names, ages and grades of all of the children in the home:

 Names Relationship Grade School Age

Are there any other siblings?

 Sibling Relationship Location

Do you have any worries or concerns about this patient’s relationship with his/her siblings? Y/N. If yes, please explain:

Who is the primary caregiver for the patient?

 **History for Minor Patients**

**In case of emergency**, contact:

Name: Relationship: Phone:

Doctor’s Name: Phone:

**Presenting Problem**

**What is the primary reason that brought the patient in for treatment now?**

When was the problem first noticed? How long has it been happening?

What led up to the problem? How do you think the patient developed the problem?

What seems to have helped with the problem?

What seems to make it worse?

Does anyone in the extended family have a similar problem?

What has been the most challenging for you with this patient?

Additional concerns?

What changes are expected from therapy?

Has your child ever been in therapy before? When?

What were the results?

Has the patient ever thought about hurting or killing him/her self? When?

What were the circumstances of these experiences?

Has s/he ever had depression? Manic feelings? Problems with eating?

Hear things or see things? Any confusing thoughts?

Use of Cigarettes, Alcohol or Drugs? Legal problems? Truancy?

List any hospitalizations for psychological problems (#, dates, Dr.):

**Friendships and Social Life**

How many friends does the patient have?

\_\_ None \_\_ 1 \_\_ 2-4 \_\_ 5-7 \_\_ More than 7

Does the patient have a special or best friend? Y/N

Describe how the patient is most likely to spend his/her leisure time:

 **History for Minor Patients**

**Early Childhood Developmental history**

Was the patient’s labor normal? Were there any difficulties at birth?

Did s/he gurgle and coo? Were there delays in speech or language?

At what age did s/he start to crawl? Walk? Toilet Trained?

What significant illnesses has the patient had and when?

Any accidents? when?

Did the patient have:

Chronic ear infections? Asthma/allergies? Respiratory problems?

Bedwetting problems? Soiling underwear?

Did the patient play with imaginary people?

Describe any losses, separations or other events believed to have impacted the patient: (Include divorces, deaths, moves, changes in caretakers)

Any childhood traumas? Physical, emotional or sexual, abandonment, frightening experience?

Are there any other special events or difficulties that occurred during the patient’s development?

**Family History** (include extended family)

√ Condition Relationship to √ Condition Relationship to

 child child

\_\_ Alcoholism/ \_\_ Psychological

 Drugs conditions

\_\_ Cancer \_\_ Depression

\_\_ Diabetes \_\_ Suicide attempt

\_\_ Heart trouble \_\_ Legal problems

\_\_ Deaths \_\_ Divorce

\_\_ Domestic violence \_\_ Child abuse

Does religion or spirituality play a major role in the family?

Please describe:

If there was a divorce, how old was the patient at the time?

In the past year, has the patient had a loss of a loved one (relative, care-giver, friend, pet, etc.) either through death extended separation, moving away or other circumstances? Y/N. If Yes, please explain:

Are there any special stressors in the family currently affecting the patient?

**History for Minor Patients**

**Patient’s Activities/Temperament**

What are the patient’s strengths, abilities or talents?

What are the patient’s favorite activities? Least favorite activites?

Does the patient enjoy making and keeping friends? Is there a best friend?

How many hours/day does the patient watch TV? Play video/computer games?

What are the patient’s favorite TV programs? Video-computer games?

What is the patient’s bedtime on school nights? Weekends?

How would you describe the patient’s behavior? Positives/Negatives?

At home/school/work?

How does the patient play with other friends?

Has the patient been active from an early age?

How well does the patient pay attention?

How does the patient respond to new things? (i.e., places, people, food, etc.)

How intense is the patient? In what activities or situations?

Does the patient have any problems with impulse control?

Mood - What is the patient’s basic mood? (Happy or unhappy)

How predictable are the patient’s patterns of sleeping and eating, etc.?

Any changes in the last six months at home or in school?

Has the patient been anxious? If so, for how long? When did it start?

**Discipline**

What disciplinary techniques do or did you usually use when the patient is/was behaving inappropriately? Check those that apply:

\_\_ Ignore the problem \_\_ Tell her/him to sit on a chair

\_\_ Scolding \_\_ Send her/him to his room

\_\_ Spanking \_\_ Take away an activity

\_\_ Hitting \_\_ Threaten

\_\_ Use Reason \_\_ Redirect their interest

\_\_ Don’t use any technique \_\_ Other technique, describe

Which technique is most effective?

How did your parents discipline you?

**History for Minor Patients**

**Current Health**

How would you describe the patient’s health?

Does the patient have any physical disabilities? Yes No If yes, explain

Does the patient have any learning disabilities? Yes No If yes, explain

Was any testing done? Describe:

List any current medical problems: (asthma, headaches, weight changes)

List all current medications taken:

Name Purpose Dose Side Effects

**Drug and Alcohol History:**

 (Circle appropriate answer)

 Does your child/teen:

 vape? Yes No What does he/she use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Drink? No Yes: 1-3 drinks/day 4-10 drinks/day

 Smoke pot? No Yes: < 1 joint/day 2-3+ joints/day

 Use illegal drugs? N Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How often? 1-2 times/day 1-2 times/week More

**Any Physical problems without known medical causes?**

\_\_ Headaches \_\_ Nausea, vomiting \_\_ Stomachaches

\_\_ Aches, pains \_\_ Rashes, skin problems

\_\_ Dramatic difficulties with changes in routines or schedules

\_\_ Dramatic changes in personality or acting in strange ways

\_\_ Does not play “pretend” or imaginary games well

\_\_ Doesn’t acknowledge people (saying “hi”) when then enter a room

\_\_ Doesn’t acknowledge people when they leave (saying “bye”)

\_\_ Prefers to play with younger children

\_\_ Doesn’t seem to know how to interact with others (although wants to)

\_\_ Is unusually irritable in noisy or crowded paces such as malls, parties

\_\_ Often repeats phrases heard out of context

\_\_ Doesn’t respond to his/her name consistently

**Perceptions/Reactions to Separation/Divorce (if applicable)**

What was the patient’s reaction to your separation or divorce?

Does the patient ask questions or talk about the separation or divorce? Y/N

If yes, what does he seem most concerned about?

How do you think a separation or divorce will affect her/him?

Are you on good terms with the other parent?

**History for Minor Patients**

What are your strengths as a parent? Weaknesses:

How do you think the patient’s other parent would describe their strengths?

How do you think the patient’s other parent would describe their weaknesses?

What, if any, major disagreements have you had with this patient’s other parent regarding child rearing and parenting?

**Behavior Checklist**

Has the patient ever had any of the following problems? (Check all that apply)

\_\_ Rejected or made fun of by peers \_\_ Bullied by peers \_\_ Low self-esteem

\_\_ Aggressive \_\_ Rage/Violence \_\_ Short temper \_\_ Frequent Crying

\_\_ Hyperactive \_\_ Impulsive \_\_ mind wanders \_\_ Forgetful

\_\_ Truant \_\_ Sad \_\_ Nightmares \_\_ Fearful/Anxious

\_\_ Food problems \_\_ Perfectionist \_\_ Moodiness \_\_ Seems lost

\_\_ Clingy \_\_ A Victim \_\_ Helpless \_\_ Unusually shy

\_\_ Plays alone \_\_ Sleep problems \_\_ Defiant \_\_ Picks fights

\_\_ Irritable \_\_ Mean \_\_ Poor eye contact \_\_ Argues a lot

\_\_ Refuses to go to school \_\_ Substance abusing

\_\_ Starts fires \_\_ Deaf \_\_ Cruelty to animals

\_\_ Obsessive \_\_ Quiet \_\_ Sensitive to sounds

\_\_ Non-compliant \_\_ Screaming fits \_\_ Delinquent acts (shoplifting,

\_\_ Toileting problems (soiling, bedwetting)

\_\_ Obesssive/Compulsive \_\_ breaking windows, etc.)

\_\_ Poor coordination \_\_ Short attention span

\_\_ Sexual acting out \_\_ Gets hurt a lot, accident-prone

\_\_ Unkempt personal appearance \_\_ relates to adults better than to peers

\_\_ Poor motivation/Apathy \_\_ Harms self deliberately, suicidal thoughts

\_\_ Fearful, extremely timid \_\_ Tics/Nervous gestures

\_\_ Trouble making friends \_\_ Acts young for his/her age

\_\_ Difficulty concentrating \_\_ Cannot sit still, restless

**History for Minor Patients**

\_\_ Complains of loneliness \_\_ Seems sad, unhappy, depressed

\_\_ Destroys or abuses own \_\_ Serious discipline problems at

 property or that of others home or school

**Patient’s School History** (if applicable)

Current School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_

Review history of school functioning including strengths and weaknesses: (Gifted or accelerated learning program, learning/behavior problems, multiple school placements, past educational testing, estimated level of achievement – grades at this time):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher/Counselor/IEP Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Patient enrolled in special education? \_\_ Yes \_\_ No Current IEP? (If yes, provide a copy)

Is the patient: \_\_ Emotionally Disturbed (ED) \_\_ Specific Learning Disability

Is the patient’s classroom \_\_ Regular Education \_\_ Regular Education with pull-out to Resource Room \_\_ Special Education classroom (all day) \_\_ Inclusion in regular education ( \_\_\_ hours/day) \_\_ Home-School \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What school interventions have been used to address problems: \_\_ None

\_\_ Special seating arrangement \_\_ Tutoring \_\_ Groups \_\_ Classroom aide

\_\_ Counseling \_\_ Parent called \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the patient been suspended/expelled in the past 12 months? \_\_ Yes \_\_ No If yes, how many times and for what reasons? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many different schools has the patient attended? \_\_\_

Patient’s academic performance in the past 12 months has been:

 \_\_ Outstanding \_\_ Above average

 \_\_ Average \_\_ Below average

Have grades changed in the past 12 months? Y/N. If yes please explain:

Did the patient have trouble reading and spelling in grades 1-3?

Did the patient have difficulty sitting still at school or at home?

Is the patient frustrated with school?

How does the patient feel about school?

 \_\_ Seems to love school \_\_ Likes it OK \_\_ Doesn’t like school