

HRC Behavioral Health & Psychiatry, PA Child and Adolescent Data Form

Please answer the following questions as completely as possible.

Child's Name _____ M ___ F ___ Birth Date _____

Today's Date _____ Form Completed by _____

Your Relationship to the Child _____

Child's School/Day Care Center _____ Grade _____ Age _____

Child's Primary Physician _____ Phone _____

When did your child last see a physician? _____ Reason _____

Does or has your child had any chronic or serious illness? If so, please describe: _____

List any medications your child is taking, or has taken, on an ongoing basis:

| <u>Name</u> | <u>Dosage</u> | <u>Frequency</u> | <u>Start Date</u> | <u>MD</u> |
|-------------|---------------|------------------|-------------------|-----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Has your child ever been hospitalized? If yes, briefly explain: _____

Family Information:

Mother's Name _____ Date of Birth _____

Mother's occupation _____ #hrs/week _____ Education _____

Living in Home? _____ If no, explain _____

Father's Name _____ Date of Birth _____

Father's occupation _____ Education _____

Living in Home? _____ If no, explain _____

With whom does the child live? Birth Parents _____ Foster Parents _____

Adoptive Parents _____ Other (Specify) _____

Please list all other persons living in the home:

| <u>Name</u> | <u>DOB</u> | <u>Relationship to Child</u> | <u>Sex</u> | <u>Grade/Occupation</u> |
|-------------|------------|------------------------------|------------|-------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

List any other people who care for the child a significant amount of time (neighbor, babysitter, grandparent, etc)

| <u>Name</u> | <u>Relationship to Child</u> |
|-------------|------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Child's Developmental History:

Pregnancy and birth, any problems? No ___ Yes ___ If Yes, Briefly Explain _____

Was the child adopted? _____ If yes, at what age? _____ What History/Information is know about the birth parents? _____

Developmental Milestones (at what ages were these met?)

Sitting _____ Walking _____ Talking _____ Toilet Trained _____

Medical Problems? No ___ Yes ___ If yes, briefly explain _____

Please list any jobs or chores your child has in the family or at school. (Feeding the dog, taking out trash, safety patrol). If none _____

1. _____
2. _____
3. _____

How well does your child do these jobs or chores?

Poor Average Great
1 2 3 4 5

- _____
- _____
- _____

Comments: _____

Compared to other children his/her age how does you child get along with other children?

Poor Average Great
1 2 3 4 5

What are your child's favorite recreational or extracurricular activities? _____

Who generally disciplines the child? _____

What methods are used? _____

Do parents agree about the method of discipline? Yes _____ No _____ If No, please explain:

School History:

Has the child been enrolled in Preschool or Daycare? _____ At what age? _____

Has child attended kindergarten? _____ At what age? _____

Has child begun elementary school? _____ At what age did he/she enter first grade? _____

What is the present school grade? _____

If your child has been to school (including preschool, kindergarten, elementary, etc.) complete the following for all classes and end with the current placement. Please comment if your child repeated a grade or is in a special class (gifted, leaning disabled, curriculum assistance, behaviorally/emotionally handicapped, etc.).

| <i>Grade(s)</i> | <i>School</i> | <i>Comments</i> |
|-----------------|---------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Current School performance (for children aged 6 and older)

| | Failing | Below Average | Average | Above Average |
|----------|---------|---------------|---------|---------------|
| Reading | _____ | _____ | _____ | _____ |
| Writing | _____ | _____ | _____ | _____ |
| Math | _____ | _____ | _____ | _____ |
| Spelling | _____ | _____ | _____ | _____ |

Other academic subjects (History, Science, Art, Music, Languages, etc)

| | Failing | Below Average | Average | Above Average |
|-------|---------|---------------|---------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Behavior problems in school? _____

Parent Concerns

What do you think is your child's problem: _____

When did these problems begin? _____

What do you think are the causes of your child's problems? _____

What have you been told by doctors, teachers, and/or others about your child's problem(s)? _____

Has this child had any other mental health evaluations or treatment? _____

Educational evaluations, occupational or physical therapy, or speech or language evaluations? _____

Has any other member of the child's immediate family had mental health treatment? _____

Please describe any marital problems or family stresses which may contribute to your child's problems:

What has been done so far to try to deal with your child's problem? _____

Please list any special strengths or talents that your child has:
