**Christian Counseling Center**
**P. O. Box 8211**
**Paducah, KY 42002-8211**

**Phone 270-442-5738**
**Fax 270-442-3172**
**e-mail:ccchope@yahoo.com**

# Child/Adolescent Family History

## Personal Information of Child/Adolescent

**Name**_____ **Date**_____

**Street Address**_____ **County**_____

**City/State**_____ **Zip**_____

**Age**_____ **Date of Birth**____/____/____ **Social Security #** _____/_____/_____

**Ethnic origin** _____ **Sex**_____ **Telephone**_____

**Church Preference**_____ **Referral Source**_____

**School**_____ **Grade**_____

**Parent/Responsible Party bringing this minor for counseling**

_____

**Relationship to child/adolescent**_____ **Age**_____

**Please list the name & relationship to minor of anyone that we may speak to regarding appointments or billing only.**_____

_____

## Personal Information on Parent(s)/Step Parent(s)/Guardian(s)

**Biological or Adoptive Father's name** _____

**Date of Birth**_____/_____/_____**Social Security #**_____/_____/_____

**Living in household with client? Y / N** **Phone #**_____/_____/_____

**Marital Status**_____ **Length of Marriage** _____ **No. of Marriages**_____

**Highest Grade Completed 8 9 10 11 12 College Post-Grad**

**Ethnic Origin** _____**Years in military** _____**Branch of Military**_____

**Current Employer**_____ **Phone #**_____

**In case of emergency may we contact you at your place of employment? Y N**

**List of employment for past five years**_____

_____

_____

_____

**Contact person in case of emergency**_____ **Phone #**_____

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**Name of child/adolescent**_____**Date**_____

**Biological or Adoptive Mother's Name**_____

**Date of Birth**_____/_____/_____**Social Security #**_____/_____/_____

**Living in household with client? Y / N Phone #**_____/_____/_____

**Marital Status**_____ **Length of Marriage** _____ **No. of Marriages**_____

**Highest Grade Completed 8 9 10 11 12 College Post-Grad**

**Ethnic Origin** _____**Years in military** _____**Branch of Military**_____

**Current Employer** _____ **Phone #**_____

**In case of emergency may we contact you at your place of employment? Y N**

**List of employment for past five years**_____

_____

_____

**Children's name(s)/ ages / relationship to child**

_____/_____/_____**Living in household? Y / N**

_____/_____/_____**Living in household? Y / N**

_____/_____/_____**Living in household? Y / N**

_____/_____/_____**Living in household? Y / N**

_____/_____/_____**Living in household? Y / N**

**Others living in household** _____

_____

_____

**Step-parent or guardian for child/adolescent:**

**Name**_____ **Relationship**_____

**Living in household with client? Y / N Phone #**_____/_____/_____

**Date of Birth**_____/_____/_____**Sex** _____ **Ethnic origin**_____

**Employer**_____ **Telephone**_____

**Residency History - List places the child/adolescent has lived in the past five years**

_____

_____

**Name of Child/adolescent**_____ **Date**_____

## Medical History of Child/Adolescent

**Major Illness**_____
**Surgical History**_____
**Traumas to head, unconsciousness, seizures, high fevers**_____
**Drug Sensitivities/Allergies**_____
**Prescriptions, over the counter medications or diet supplements taken within last six months/physician/reason for taking**_____
_____
_____
**Date last seen by physician/name**_____

## Alcohol and other Drug History

**Present use of alcohol (amount/frequency)**_____
**Past use of alcohol (amount/frequency)**_____
**Present use of illicit drugs (amount/frequency)**_____
**Past use of illicit drugs (amount/frequency)**_____
**Caffeine usage**_____ **Nicotine usage**_____

## Trauma History (Has your child experienced sexual, physical, or emotional abuse? Have there been any recent deaths within the family? Is alcoholism present within the family?)

_____
_____
_____
_____
_____
_____

## Emotional Health History of Family - Identify any previous counseling (date/place/inpatient or outpatient/ reason)

_____
_____

## Family of Origin Medical History - Provide information concerning major physical or emotional illnesses suffered by your family members.

_____
_____

## Other pertinent information - Court actions pending: probation, DUI, custody, other

_____
_____

**Name of child/adolescent**_____**Date**_____

## Academic & Social History of Child

**1. List schools your child has attended up to the present time**_____

**2. How did your child adjust to nursery school, kindergarten and the first grade? How do they feel about school now?**

**3. Have there been any grades repeated? If so, which ones?**

**4. Mention any behavior problems your child has had at school.**

**5. What kind of grades does your child receive in school?**

**6. Does your child belong to any organized activities such as Scouts, Little League, etc?**

**7. (If applicable) What are your child's dating habits in his relationship with the opposite sex?**

**Name of child/adolescent**_____ **Date**_____

**Behavior Problems** **(Give the age(s) of your child at the time the behavior showed itself and place a check mark that indicates the degree of the behavior)**

| | | Age | Mild | Moderate | Severe |
|---|---|---|---|---|---|
| **1.** | **Excessive Crying** | | | | |
| **2.** | **Excessive Nail biting** | | | | |
| **3.** | **Excessive vomiting** | | | | |
| **4.** | **Thumb sucking** | | | | |
| **5.** | **Frequent chewing on substances** | | | | |
| **6.** | **Stuttering** | | | | |
| **7.** | **Bed wetting after the age of 3** | | | | |
| **8.** | **Soiling after the age of 3** | | | | |
| **9.** | **Chronic constipation** | | | | |
| **10.** | **Chronic diarrhea** | | | | |
| **11.** | **Temper tantrums** | | | | |
| **12.** | **Masturbation** | | | | |
| **13.** | **Extreme shyness** | | | | |
| **14.** | **Extreme goodness** | | | | |
| **15.** | **Fighting and quarreling** | | | | |
| **16.** | **Lying** | | | | |
| **17.** | **Stealing** | | | | |
| **18.** | **Frequent nightmares** | | | | |
| 19. | **Sleep walking** | | | | |
| **20.** | **Tics (muscle spasms or jerks)** | | | | |
| **21.** | **Fears** | | | | |
| **22.** | **Fire setting** | | | | |
| **23.** | **Anxious states** | | | | |
| **24.** | **Sexual problems** | | | | |
| **25.** | **Trouble with the police** | | | | |
| **26.** | **Withdrawal from friends** | | | | |

**Other behavior problems you wish to list or provide any elaboration on behaviors mentioned above:**_____

_____

_____

_____

_____

_____



**Name of child/adolescent**_____ **Date**_____

## Presenting Problem

**1. Describe your current reasons for seeking counseling**_____

_____

_____

_____

_____

_____

_____

**2. What results do you hope to achieve through counseling?**_____

_____

_____

_____

_____

_____

## Informed Consent and Authorization for Services

**I hereby make application to receive services from the Christian Counseling Center and I have received a copy of the Client's Bill of Rights.**

**I have received a copy of the Protected Health Information Practices and the Limits of Confidentiality. I understand that all information obtained will be maintained in a confidential manner and will be held for seven years. I further understand that no information shall be released or obtained without my written consent except in the condition of "duty to warn" as detailed in the Limits of Confidentiality. I agree not to hold Christian Counseling Center liable for an accidental breach that is unavoidable after due care as in the case of an electronic transmission.**

**I have received a copy of the Christian Counseling Centers Financial Policy. My fee has been explained and found acceptable. I understand that unless I provide a 24-hour notice of cancellation that I will be charged a $50.00 fee.**

_____ _____

**Signature of Parent or Guardian** **Relationship to Minor**

_____ _____

**Witness** **Date**