Catholic Charities Family Services

Child / Adolescent Social History

The purpose of this form is to assist the therapist in completing a prompt and thorough assessment of your child, in order create a service plan tailored to the needs of the client. Please complete the questions as thoroughly and accurately as possible, so that we can provide the most appropriate services for the needs of your child. **This form and all of your records are confidential.**

Date:____________ Form Completed by:________________________________ Relation to Child:__________

Child's Name:______________________ Age:____________ Date of Birth:______________ Gender: **M / F**

School Attending:________________________________ Grade: _____Medications:______________________

Child's Religion:___________________________________ Parish/Church:______________________________

Current Issues

Please state your reasons for seeking therapy for yourself/ your child at this time:________________________

____

____

If applicable, when did the problems begin, what has contributed to the maintenance, have any solutions helped?____

____

____

What do you/your child hope to gain from therapy?____

____

____

Developmental / Medical History

Were there any complications with the pregnancy or delivery?_______________________________________

____

How was the child's health at birth?____

Was the pregnancy planned? **Y / N** Was the child adopted **Y / N** (If yes, what age): ____________________

Was your child in childcare?____________How many hours per day/week?______________________________

Please answer the following by circling "Yes" or "No"

1. Did your child enjoy body contact as an infant? Yes No
2. Did your child sleep well as an infant? Yes No
3. Was your child walking by age 2? Yes No
4. Was your child talking by age 2? Yes No
5. Was your child toilet trained by age 3? Yes No
6. Was your child free of allergies? Yes No

If you answered "no" to any of these questions, or had any other concerns about your child's development, please explain:____

____

Has your child ever had any significant illnesses, injuries, accidents or hospital stays since birth? Please list dates and describe:____

____

Academic/Behavioral History

Name of child's current teacher:____

Is/has your child in a special education program at school? yes___ no___

Does your child currently have an IEP or 504 plan? yes ___ no___

If your child has attended other schools than their current school, list schools and dates of attendance. Please identify if the schools are private, public or if your child has been homeschooled:_________________________

____

____

Has your child had any issues in school? Please explain and specify below:

Academic____

____

Behavioral ____

____

Other____

____

When did these issues begin?____

____

Has your child ever been: ☐ Suspended from school ☐ Held back a year ☐ Truant from school

Please explain:____

____

Mental Health

Has your child received mental health services previously? Please list dates and providers:________________

____

Has anyone in your family received mental health services? Please list relation and issue:_________________

____

Please describe any major stressors that have occurred in your child's life (ex. Parenting interruptions, new baby, deaths, moves, etc.): ____

____

Please list others living in the home with your child:

Name	Gender	Age	Relation to child	Relationship
Ex. John	M	10	Brother	Close/Distant

Has your child ever experienced abuse? ☐ Emotional ☐ Physical ☐ Sexual ☐ Verbal ☐ Neglect ☐ Other

Please explain:____

____

Who are the important people in your child's life?____

____

What are your child's strengths?____

____

Are you/your child open to incorporating your/their faith in to session? Explain:________________________

____

Please identify current ways your child copes with stressors:

☐ Exercise ☐ Playing video games ☐ Watching television ☐ Reading ☐ Being with friends ☐ Being with family ☐ Playing games ☐ Comfort foods ☐ Church activities ☐ Sports ☐ Volunteering ☐ Sleeping ☐ Listening to music ☐ Social media (ex. Facebook) ☐ Withdrawal from others ☐ Playing with pets ☐ School involvement ☐ Expressive activities (singing, painting, dancing)

Is your child involved in extra-curricular activities?____

How is your child disciplined?____

Legal Issues

Has your child ever been: ☐ Arrested ☐ Convicted of a crime ☐ Caught stealing

If yes to any of the above, please provide dates and explanations:____

____

____

Behavioral Concerns

Please identify if any of the following concerns apply to your child, and explain:

☐ Aggression (In danger of hurting someone, starting fights)____

____

☐ Alcohol or drug use____

____

☐ Eating issues (Overeating, restricting food, etc) ____

____

☐ Sexual behavior (Including pornography use):____

____

☐ Self-harm (How the child harms themselves, when started, triggers if known)________________________

____

☐ Suicidal thoughts (When started, triggers if known) ____

____

☐ Suicide attempts (When, how, treatment received)____

____

____

ADDITIONAL COMMENTS: Please add any additional information regarding your child's social history which you believe is important for us to know:____

____

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