

# Child and Adolescent Data Form

Client Name: \_\_\_\_\_

- |                          |                          |  |
|--------------------------|--------------------------|--|
| Yes                      | No                       | (Please explain any checked Yes)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any medical problems? _____                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Is he/she currently taking any medication? _____                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Has he/she visited a physician in the last year? _____                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your child receiving special education services? _____                |
| <input type="checkbox"/> | <input type="checkbox"/> | Has he/she ever been in counseling before? _____                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Have there been custody, CPS, or court issues? _____                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Any accidents, hospital stays, or surgeries? _____                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Has he/she ever been treated for an alcohol or drug problem? _____       |
| <input type="checkbox"/> | <input type="checkbox"/> | Has anyone in your family ever had a problem with substance abuse? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | What do you see as your child's struggle? _____                          |

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY TO YOUR CHILD:

### Emotional/Behavioral Adjustment

- Sad, frequently tearful
- Withdrawn, secretive
- Expresses wish to die
- Expresses many worries
- Has made a suicide attempt
- Bedtime problems
- Sleepwalking, nightmares
- Eating problems/overweight
- Often anxious, afraid to take risks
- Fears and/or avoids certain people, situations
- Self abuse (cutting or headbanging)
- Excessive interest in sex or self-stimulation
- Excessive yelling, hitting, fighting
- Temper tantrums
- Destroys things
- Lies, steals
- Soiling
- Bedwetting
- Fire starting
- Cruelty to animals
- Routinely disobeys rules
- Frequent physical complaints (headaches)
- Physically aggressive

### Family Adjustment

- Recent parental divorce/separation
- Conflict between parents
- Recent move
- Mother experiencing difficulties
- Father experiencing difficulties
- New sibling
- Chronic illness in the family
- Mental illness in the family
- Alcohol/drug use in the family
- Death of a family member
- Financial difficulties

### School Adjustment

- Recent changes in schools
- Recent decline in grades
- Has always struggled academically
- Attention/concentration problems
- Overly active, disruptive
- Attendance problems
- Frequent conflict with peers
- Described as defiant or challenging
- Involved in a gang
- Suspended from school
- Complains of being teased, bullied

### Interpersonal Relationships

How well does he/she get along with people?

	Very well	Average	Poorly
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Playmates                 

Is there any relationship that is unusually difficult for your child? Please explain: \_\_\_\_\_

Does he/she have many friends? \_\_\_\_\_

Can he/she make friends easily? \_\_\_\_\_