

CENTER FOR PSYCHOLOGY AND COUNSELING  
118 E. Sunbridge Dr.  
Fayetteville, AR 72703  
479-444-1400

**PATIENT HISTORY – CHILD FORM**

This form is for the PATIENT'S childhood history.  
Please complete this form to the best of your ability.

Patient's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Who referred you to this clinic? \_\_\_\_\_

**FAMILY INFORMATION:**

Parent's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Highest School Grade Completed: \_\_\_\_\_ Other training: \_\_\_\_\_  
Religion: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Highest School Grade Completed: \_\_\_\_\_ Other training: \_\_\_\_\_  
Religion: \_\_\_\_\_

Marital Status of parents: \_\_\_\_\_ Marriage Date: \_\_\_\_\_  
Date divorced, if applicable: \_\_\_\_\_ Death of parent, if applicable: \_\_\_\_\_

If parents are divorced, who is the custodial parent? \_\_\_\_\_

Who does the patient live with: Biological parent / Adoptive parent / Foster parent

Other: \_\_\_\_\_

How long have you lived at the current address? \_\_\_\_\_

Where else have you lived during your life? \_\_\_\_\_

List all persons living in the home (or siblings living outside the home):

NAME	AGE	RELATIONSHIP TO PATIENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





If you answer **yes** to any of the following questions, please explain below the question.

Are you satisfied with your child's current school placement? Y / N

Have you ever requested testing from the school? Y / N

Is any testing scheduled? Y / N

**FAMILY HISTORY:**

Please note below if any of the patient's relatives have had any of the following conditions. (For example: brother, parent, grandparent, aunt, cousin)

Relationship to patient

Over active/Attention problems	_____
School Difficulties	_____
Speech Problems	_____
Emotional Problems	_____
Mental Illness (If yes, please explain below)	_____

What stressors have impacted your family recently? (i.e., deaths, marital conflicts, financial worries, etc.)

Has the parents of the patient had any serious illness in the past? (if yes, explain below)

**BEHAVIOR:**

If you answer **yes** to any of the following, please explain below the question.

Are you having any problems with your child's behavior? Y / N

Do parents agree on methods of discipline? Y / N

Describe each of your methods:

Who generally disciplines the child?

Is anyone else (e.g. school, sitter) having problems with your child's behavior? Y / N (if yes, explain below)