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**CHILD ASSESSMENT/DEVELOPMENTAL HISTORY**

**Child's Name:** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parents' names:** \_\_\_\_\_

**With whom is the child currently living?** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**For Parent or Legal Guardian:**

**Home Phone:** \_\_\_\_\_ **Work/Cellular Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**May I contact you at home? By Mail? Y N By Phone? Y N By Email? Y N**

**May I contact you at work? Y N**

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Relationship Status: (circle)**

**Single Married Separated Divorced Widowed Co-habiting Other**

**Name of Child's school:** \_\_\_\_\_

**Child's teacher and/or school counselor:** \_\_\_\_\_

**CHILD'S MEDICAL HISTORY**

**Primary Care Physician:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Currently under a medical physician's care? YES/NO**

**If YES, please describe current medical condition/s:** \_\_\_\_\_

**Has your child had any chronic health difficulties (ie: asthma, diabetes, heart conditions) or traumatic accidents?**

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**Please list all medications that your child is taking: circle if NONE**

<b>Medication</b>	<b>Dosage</b>	<b>Dr. Prescribing</b>	<b>Why Prescribed</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Past Hospitalizations (i.e., medical, Psychiatric, Chemical Dependency):**   NONE  

<b>Date/s</b>	<b>Reasons</b>	<b>Hospital</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Previous Counseling or Chemical Dependency Treatment/Services:**   NONE  

<b>Facility/Therapist's Name</b>	<b>Date of Service</b>	<b>Reason for Treatment</b>	<b>Helpful (Y/N)</b>
_____	_____	_____	_____
_____	_____	_____	_____

**Note any school difficulties your child has experienced:**

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**Describe any significant stress your family is currently experiencing:**

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**Describe your child's usual emotional state and any significant deviations from this temperament (and dates of these changes):**

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**Has your child ever attempted suicide or seriously considered suicide? If yes, explain:**

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**Please list the goals that you hope to accomplish through counseling:**

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**Is there any suspicion of drug/alcohol use?  YES  NO  UNSURE**

**Is there suspicion of self-harming behavior (ie: cutting)?  YES  NO  UNSURE**

**SCHOOL HISTORY**

**Please summarize you child's progress (ie: academic and social success) within each of these grade levels:**

Preschool & Kindergarten:

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Grades 1-3: 

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Grades 4-6: 

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Grades 7-12:

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**SOCIAL HISTORY**

**How does your child get along with his/her siblings?**

Does not have siblings     Better than average     Average     Worse than Average

**How easily does your child make friends?**

More easily than average     Average     Worse than Average

**Please describe any social difficulties that your child may have:**

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**CURRENT BEHAVIORAL CONCERNS**

**Primary Behavioral Concerns:**

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**What strategies have been implemented to address these problems?**

- Verbal reprimands
- Time Out (Isolation)
- Removal of privileges
- Rewards
- Physical punishment
- Acquiescence to child (ie: "giving in" to child's wishes)
- Avoidance of child
- Other (please describe)

**On average, what percentage of the time does your child comply with your directions?**

0-20%     21-40%     41-60%     61-80%     81-100%

**To what extent are you (and your partner, if applicable) consistent w/ respect to disciplinary strategies?**

Consistent most of the time     Consistent some of the time     Rarely consistent

**Have any of the following stressors occurred during your child's lifetime?**

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> Parents divorced/separated                  | If so, when? _____       |
| <input type="checkbox"/> Family accident or life-threatening illness | If so, when/who? _____   |
| <input type="checkbox"/> Death in the family                         | If so, when/who? _____   |
| <input type="checkbox"/> Parent changed job                          | If so, when? _____       |
| <input type="checkbox"/> Child changed school                        | If so, when? _____       |
| <input type="checkbox"/> Family moved                                | If so, when/where? _____ |
| <input type="checkbox"/> Family financial difficulties               | If so, when? _____       |
| <input type="checkbox"/> Other (please specify) _____                | If so, when? _____       |

**DIAGNOSTIC CRITERIA**

**Which, if any, are considered to be a current and significant concern with your child?**

- Fidgets
- Difficulty remaining seated
- Easily distracted
- Difficulty awaiting his/her turn
- Often blurts out answers to questions before the question is completed
- Difficulty following instructions
- Difficulty sustaining attention
- Shifts from one activity to another
- Difficulty playing quietly
- Often talks excessively
- Often interrupts or intrudes on others
- Often does not listen
- Often loses his/her belongings
- Often engages in physically dangerous activities

When did these problems begin? (Specify age): \_\_\_\_\_

**Which, if any, are considered to be a current and significant concern with your child?**

- Often loses his/her temper
- Often argues with adults
- Often actively defies or refuses adults' requests or rules
- Often deliberately does things that annoy other people
- Often blames others for own mistakes
- Is often touchy or easily annoyed by others
- Is often angry or resentful
- Is often spiteful or vindictive
- Often swears or uses obscene language

When did these problems begin? (Specify age): \_\_\_\_\_

**Which, if any, are considered to be a current and significant concern with your child?**

- Excessive anxiety or persistent worry occurring more days than not for at least 6 months
- Restlessness or feeling keyed up or on edge
- Easily fatigued
- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension
- Sleep Disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)

When did these problems begin? (Specify age): \_\_\_\_\_

**Which, if any, are considered to be a current and significant concern with your child?**

- Unrealistic worry about future events

- Unrealistic concern about the appropriateness of past behavior
- Unrealistic concern about competence
- Somatic complaints (ie: physical complaints that may not appear to be real)
- Marked self-consciousness
- Excessive need for reassurance
- Marked inability to relax

When did these problems begin? (Specify age): \_\_\_\_\_

**Which, if any, are considered to be a current and significant concern with your child?**

- Depressed or irritable mood most of the day, nearly every day
- Diminished pleasure in activities
- Decrease or increase in appetite associated w/ possible failure to make weight gain
- Insomnia or hypersomnia nearly every day (ie: sleeping too much or too little)
- Psychomotor agitation or retardation (increased or decreased physical activity)
- Fatigue or loss of energy
- Feelings of worthlessness or excessive inappropriate guilt
- Diminished ability to concentrate
- Suicidal ideation or suicide attempt

When did these problems begin? (Specify age): \_\_\_\_\_

**Which, if any, are considered to be a current and significant concern with your child?**

- Depressed or irritable mood for most of the day, for one year or longer
- Poor appetite or overeating, for one year or longer
- Insomnia or hypersomnia, for one year or longer
- Low energy or fatigue, for one year or longer
- Poor concentration or difficulty making decisions, for one year or longer
- Feelings of hopelessness, for one year or longer
- Never without these symptoms for more than 2 months over a one year period

When did these problems begin? (Specify age): \_\_\_\_\_

**FAMILY HISTORY**

Are you currently married to your child's other parent?  YES  NO

If YES, for how long? \_\_\_\_\_

If NO, please indicate the following:

- Never married to child's other parent
- Separated
- Divorced
- Widowed

If currently married/living with child's other parent, how stable is current relationship?