

CENTERSTONE SOLUTIONS
Child & Adolescent Client History Form

Name: _____ Today's Date: _____

Date of Birth: _____

Child's Doctor: _____

Child's Medical Condition: (circle one) Excellent Good Fair Poor

Current Medications: _____

School History:

Name of School: _____ Grade: _____

School Placement: Regular Classroom _____ Special Ed: _____
Specify type: _____

Current School Performance:

Above Avg. _____ Avg: _____ Below: _____ Failing: _____

Has school performance changed in the past year? Yes _____ No _____

Previous Schools Attended:

School	Grade	Dates

Are there any problems/concerns with peer relationships or social skills? Yes _____ No _____

Please explain:

Safety:

Sexual Abuse? Yes _____ No _____

Physical Abuse? Yes _____ No _____

Verbal/Emotional Abuse? Yes _____ No _____

Please Explain:

Please turn over...

SYMPTOMS:

Please read through all the lists below and check all items that apply to your child.

THINKING

- Thoughtful
- Easily distracted
- Imaginary friends
- Thinks of others first
- Odd beliefs
- Insightful
- Optimistic
- Pessimistic
- Worries/Obsessive

FEELING

- Positive
- Depressed, Sad
- Anxious
- Happy, Energetic
- Irritable
- Feels out of control
- Self critical
- Doesn't care
- Concerned

BEHAVIOR

- Compassionate
- Loves animals
- Lacks energy
- Fights
- Sexual behavior
- Affectionate
- Obsessive traits
- Withdrawn
- Shares with others

SOCIAL

- Home:
- Discipline concerns
 - Follows rules
- Community:
- Legal involvement
 - No friends
 - Many friends
- School:
- Fighting
 - Failing
 - Suspension
 - Involved

PHYSICAL

- Eats too much
- Eats too little
- Mood changes
- Sleeping changes
- Physical complaints
- Headaches
- Stomach aches
- Weight changes
- Low energy
- High Energy
- Appearance change

LIFE CHANGES (in last yr.)

- Death of significant person
- Parent's divorce
- New home
- Lost relationship
- Injury/Illness
- Loss of job in family
- New family member
- Grade promotion
- Scholarship:academic/talent
- School changes
- Change in friends

Difficulty separating: To/From school At bedtime From parent From friends

Attitude towards animals: Nurturing Compassionate Indifferent Mistreatment

Safety Concerns: Talks of self-harm Suicide attempts Threats to others Self-mutilation

Signature of Person Completing Form

Relationship to Child

Date