FAMILY PSYCHOLOGY ASSOCIATES, P.C.

Adolescent SOCIAL & DEVELOPMENTAL HISTORY

(2/5/2007word)

Instructions: Please complete the following information about your adolescent and family. If any questions do not apply, simply write "DNA" (does not apply) in the space provided or leave the space blank. It is best if this form is completed by all parents or primary caretakers and by the adolescent. This information will be helpful to your adolescent's doctor or other professionals to better understand your child and your family.

Adolescent name: ______________________ *Age:* ________ *DOB:* ________ *Sex:* ______

Address: ______________________ *City:* ________ *Zip:* ________

School: ______________________ In 504 plan? ___ *Grade:* ___ *School Phone:* ________

Special Educational Services (e.g., Chapter 1, Resource Room, Tutoring) ______________________
Has the school or AEA evaluated child? (yes) (no) if yes – when? ________
Results: ______________________

Church affiliation: ______________________ Social involvement: ________

____

Informant's Name and relationship to adolescent: ______________________

I. FAMILY COMPOSITION: *Parent/Step-Parent/Guardian Information*

Father: ______________ Address: ______________________

City ______________ Zip: ________ Hm#: ________ Cell ________ Wk# ________

Emp: ______________ Days/Hours: ________ Highest Grade / Degree Completed: ________

Is this child your: ___Biological child, ___adopted child or ___foster child? ___ Other? ________

Mother: ______________ Address: ______________________

City: ______________ Zip: ________ Hm#: ________ Cell: ________ Wk# ________

Emp: ______________ Days/Hours: ________ Highest Grade / Degree Completed: ________

Is this child your: ___Biological child, ___adopted child or ___foster child? ___ Other? ________

With whom does this child live? ______________________

Who has legal custody of this child? ______________________

Other persons living in child's home:

NAME	BIRTH DATE	AGE	EDUCATION

II. CURRENT CONCERNS:

What are you most concerned about regarding your adolescent that has led you to complete this history form? ________

____

____

Has there been a recent crisis or loss in your adolescent's life? Explain: ______________________

____

What does your adolescent think about coming to therapy? (The adolescent is strongly encouraged to answer this question.) ____________

____

____

III. DEVELOPMENT and MEDICAL INFORMATION:

Pregnancy:

____ Smoking during pregnancy? ____# Cigarettes smoked per day _____ Alcohol consumption during pregnancy.
____ Other drug use during pregnancy? ____

Delivery:

____ Normal? ____ Not normal? Explain: ____

Post Delivery Period:

___ normal ____ Not normal? Explain: ____

Infancy-Toddler Period: Were any of the following present to a significant degree during the first few years of life?
___ Not enjoy cuddling ___ Not calmed by being held or stroked ___ Colic ___ Diminished sleep ___ Difficult to comfort
___ Excessive restlessness ___ Excessively Irritable ___ Frequent head banging ___ Difficulty nursing /bottle
___ Difficulty adjusting to regular food
Comments: ____

Milestones: At what age did your child: _____Walk without support ____Speak single words ___Toilet trained

Medical History: *Child's Physician*: ________________________________ phone: ________________
Date of last doctor visit: ______________________ reason for visit: ______________________________
Child's general health is: ___ excellent ___ good ___ fair ___ poor

Has your adolescent ever had any major medical problems? ______________________________________

____

Present illnesses for which the adolescent is being treated: ____________________________________

____

Psychotropic medications (stimulants, medications for ADHD, mood, anxiety medications) adolescent has been taking or is currently taking. Include name of medication and dosing. Current medications: ______________________________

____

Previous medication: ____

____

Describe any benefit from these medications or adverse effects: ____________________________

____

____

Has your adolescent ever received treatment by a mental health professional? If so, who provided this treatment, when and what was the purpose of the treatment? ____

____

IV. FAMILY INFORMATION & History:

Use the checklists below to describe any family history of psychiatric and learning problems. (in child's parents, grandparents, or siblings)

Aggressiveness / Defiance: (specify who) ____

Difficulties with attention / Hyperactivity as a child: (specify who) ______
Learning problems: (specify who) ______
Failed to graduate from high school: (specify who) ______
Mental retardation: (specify who) ______
Psychosis or Schizophrenia: (specify who) ______
Depression: (specify who) ______
Tics or Tourette's Syndrome: (specify who) ______
Alcohol abuse / Substance abuse: (specify who) ______
Arrests: (specify who) ______
Physical abuse / Sexual abuse: (specify who) ______
Nervous tension problem / anxiety: (specify who) ______
Temper problems: (specify who) ______
Suicide attempts: (specify who) ______
Attention Deficit / Hyperactivity Disorder: (specify who) ______
Hearing loss: (specify who) ______
Vision problems: (specify who) ______
Genetic Disorder: (specify who) ______
Developmental delays: (specify who) ______
Seizure Disorder: (specify who) ______
Antisocial behavior: (specify who) ______

In general, describe your adolescent's performance during elementary school. List any outstanding strengths or problems.

______

______

______

Describe your adolescent's performance during middle school and high school. List any outstanding strengths or problems.

______

______

______

Has your child ever repeated a grade? ____ If so, which grade? ____ Comments: ______

Describe any problems your adolescent may have in school with learning. ______

______

Describe any problems your adolescent may have with homework (e.g. forgets, does not return it to school, etc.) ______

______

______

V. PARENTING TECHNIQUES

Describe any differences or similarities between each of the parent's management style in handling disruptive behavior.

______

______

______

Are your parenting strategies effective? Why or why not? ____________________

(For the adolescent to answer.) What do you appreciate and dislike about these parenting techniques?

VI. STRENGTHS AND ACCOMPLISHMENTS

We realize that we have focused largely on problems that your child may be having. However, *we are also quite interested in understanding your child's strengths, talents, skills and accomplishments.* Please use the space below to describe these assets and use additional pages if necessary.