



Ruth Graham, MA LMHC
 Child, Adolescent, Adult & Family Therapist
 DBA Hope Counseling Centers

Others in child's life

	Age	Gender		Lives		Relationship to child	Quality of Relation w/ Client		
		M	F	Home	Away		Poor	Average	Good
_____	___	___	___	___	___	_____	___	___	___
_____	___	___	___	___	___	_____	___	___	___
_____	___	___	___	___	___	_____	___	___	___

Medical Information

Child's Physician's Name and/or Clinic: _____ Phone _____

Are there any physical or medical problems I should be aware of? No ____, Yes ____ (please explain) _____

Is the child currently taking any medication? No ____, Yes ____ (please state the medication and dosage) _____

Has there been any history of head trauma, seizures or loss of consciousness? No ____, Yes ____ (please explain) _____

Developmental / Social

Pregnancy, Labor and Delivery

Duration of Pregnancy _____

Did the mother smoke during this time? No ____, Yes ____ (if yes, how much per day?) _____

Was there any drinking or drug use by mother during this time? No ____, Yes ____ (please describe fully) _____

Were there any complications during pregnancy (i.e., illness, injuries, hospitalization, etc.)? No ____, Yes ____ (please describe) _____

Any complications during labor/delivery (i.e., premature, lack of oxygen, injuries to mother or child, incubator care, infections, etc.?) No ____, Yes ____ (please explain) _____

Infancy - Toddler Period (Birth to 2 years of age)

Primary caregiver(s) during this time: _____

Any changes in, or separations from, primary caregivers lasting more than 2 weeks? No ____, Yes ____ (please explain) _____

Were there any physical or emotional difficulties for either the child or the primary caregivers during this time? No ____, Yes ____ (please explain) _____

Early Childhood (3 to 5 years of age)

Primary Caregiver(s) during this time: _____

Were there any physical or emotional difficulties for either the child or the primary caregivers during this time? No ____, Yes ____ (please explain) _____

Any changes in, or separations from, primary caregivers lasting more than 2 weeks? No ____, Yes ____ (please explain) _____

Were there any physical or emotional difficulties for either the child or the primary caregivers during this time? No ____, Yes ____ (please explain) _____



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Please rate your opinion of the child's development (compared to others the same age) in the following areas:

	Below Average	Average	Above Average
Social			
Physical			
Language			
Intellectual			
Emotional			

For each type of development that you rated above as below average, please describe current areas of concern. Be specific.

List your child's three greatest strengths:

1. _____
2. _____
3. _____

List your child's three greatest weaknesses or needed areas of improvement:

1. _____
2. _____
3. _____

List your child's main difficulties in school:

1. _____
2. _____
3. _____

List your child's three main difficulties at home:

1. _____
2. _____
3. _____

Briefly describe the child's friendships: _____

Briefly describe the child's hobbies or interests: _____

What report card grades does the child usually receive? _____

Have these changed lately? ___Yes ___No If yes, how: _____

Briefly describe the child's way of expressing the following emotions or behaviors:

1. Anger: _____
2. Happiness: _____
3. Sadness: _____
4. Anxiety: _____



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Current School Information

Present school and grade: _____ Class placement: ____ Mainstream; ____
Special Class (where) _____ Teacher or Advisors' name: _____ IEP in place?
No __, Yes __ Please rate the child in school on the following:

	Very Poor	Poor	Average	Good	Very Good
Writing Skills					
Arithmetic Skills					
Reading Skills					
Attendance					
Behavior Management					
Work Completion					
Social Interaction					

Counseling Goals

Briefly describe your present concerns: _____

What goals or changes would you like to see your child work towards in their counseling experience?
1. _____
2. _____
3. _____
4. _____