

# *Biographical Information Form*

Information supplied by: \_\_\_\_\_ Relationship: \_\_\_\_\_

## **Personal History**

- 1) Child's Name: \_\_\_\_\_ 2) Age: \_\_\_\_\_ 3) Gender: \_\_M \_\_F
- 4) Weight: \_\_\_\_\_ 5) Height: \_\_\_\_\_ 6) Eye color: \_\_\_\_\_ 7) Hair color: \_\_\_\_\_ 8) Race: \_\_\_\_\_
- 9) Year in School \_\_\_\_\_ Name of School \_\_\_\_\_
- 10) Has the child been involved in therapy?: \_\_ Yes \_\_ No  
If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
- 11) Why is the child seeking therapy at this time?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 12) How long has this problem persisted (from #11)?: \_\_\_\_\_
- 13) Under what conditions do the problems usually get worse?: \_\_\_\_\_  
\_\_\_\_\_
- 14) Under what conditions are the problems usually improved?: \_\_\_\_\_  
\_\_\_\_\_

## **Medical History**

- 15) Name and Address of Physician(s):  
Physician's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  

Street & Number	City	State	Zip
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Most Recent Physical Exam: \_\_\_\_\_ Results: \_\_\_\_\_  
\_\_\_\_\_
- 16) List any major illnesses and/or operations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 17) List any physical concerns occurring at present (e.g., high blood pressure, headaches, dizziness, etc.): \_\_\_\_\_  
\_\_\_\_\_

18) List any physical concerns (e.g., head trauma, seizures, etc.) experienced in the past:

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19) On average how many hours of sleep does the child receive daily?: \_\_\_\_\_

20) Does the child have trouble falling asleep at night?  Yes  No  
If Yes, how long has this been a problem? \_\_\_\_\_

21) Describe the child's appetite (during the past week):  
 poor appetite  average appetite  large appetite

22) What medications (and dosages) are being taken at present, and for what purpose?: \_\_\_\_\_

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**Family History**

23) Mother's age: \_\_\_\_\_ If deceased, how old was the child when she passed away?: \_\_\_\_\_

24) Father's age: \_\_\_\_\_ If deceased, how old was the child when he passed away?: \_\_\_\_\_

25) If parents are separated or divorced, how old was the child then?: \_\_\_\_\_

26) Number of brother(s) \_\_\_\_\_ Their ages \_\_\_\_\_

27) Number of sister(s) \_\_\_\_\_ Their ages \_\_\_\_\_

28) Child number \_\_\_\_\_ being in a family of \_\_\_\_\_ children.

29) Is the child adopted or raised with parents other than biological parents?:  Yes  No

30) Briefly describe the child's relationship with brothers and/or sisters:

Biological siblings: \_\_\_\_\_

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Step and/or half siblings: \_\_\_\_\_

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

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31) What is the family relationship between the child and his/her custodial parents?

Check all that apply:

Single parent mother  Single parent father  Parents unmarried

Parents married, together  Parents divorced  Parents separated

With mother and stepfather  With father and stepmother

Child adopted  Other, describe \_\_\_\_\_

32) Is there a history or recent occurrence(s) of child abuse to this child?  Yes  No

If Yes, which type(s) of abuse?  Verbal  Physical  Sexual

Comments: \_\_\_\_\_

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33) Parents' occupations: Mother \_\_\_\_\_ Father \_\_\_\_\_

34) Briefly describe the style of parenting used in the household: \_\_\_\_\_

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**Developmental History**

35) Briefly describe any problems in the child's mother's pregnancy and/or childbirth:

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36) Please fill in when the following developmental milestones took place:

<u>Behavior</u>	<u>Age began</u>	<u>Comments</u>
Walking	_____	_____
Talking	_____	_____
Toilet trained	_____	_____

37) List any drugs used by mother or father at time of conception, or by mother during pregnancy:

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

	Below Average	About 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.

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39) List the child's three greatest strengths:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

40) List the child's three greatest weaknesses or needed areas of improvement:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

41) List the child's main difficulties at school:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

42) List the child's main difficulties at home:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

43) Briefly describe the child's friendships: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

44) What report card grades does the child usually receive?: \_\_\_\_\_

Have these changed lately?:  Yes  No If Yes, how?: \_\_\_\_\_

45) Briefly describe the child's hobbies and interests: \_\_\_\_\_

\_\_\_\_\_

46) Describe how the child is disciplined: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

47) For what reasons is the child disciplined? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Behaviors of Concern**

48) Please check how often the following behaviors occur. Those occurring FREQUENTLY or of special concern may be described on the next page.

- |                                      |                                |                                 |                                    |                                     |
|--------------------------------------|--------------------------------|---------------------------------|------------------------------------|-------------------------------------|
| 1) Loses temper easily               | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 2) Argues with adults                | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 3) Refuses adults' requests          | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 4) Deliberately annoys people        | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 5) Blames others for own mistakes    | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 6) Easily annoyed by others          | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 7) Angry/resentful                   | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 8) Spiteful/vindictive               | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 9) Defiant                           | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 10) Bullies/teases others            | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 11) Initiates fights                 | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 12) Uses a weapon                    | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 13) Physically cruel to people       | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 14) Physically cruel to animals      | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 15) Stealing                         | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 16) Forced sexual activity           | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 17) Runs away from home              | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 18) Truant at school                 | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 19) Doesn't pay attention to details | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 20) Several careless mistakes        | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 21) Does not listen when spoken to   | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 22) Doesn't finish chores/homework   | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 23) Difficulty organizing tasks      | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 24) Loses things                     | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 25) Easily distracted                | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 26) Forgetful in daily activities    | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 27) Fidgety/squirmy                  | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 28) Difficulty remaining seated      | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 29) Runs/climbs around excessively   | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 30) Difficulty playing quietly       | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 31) Hyperactive                      | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 32) Difficulty awaiting turn         | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 33) Interrupts others                | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 34) Problems pronouncing words       | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 35) Poor grades in school            | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 36) Expelled from school             | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 37) Drug abuse                       | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 38) Alcohol consumption              | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 39) Depression                       | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 40) Shy/avoidant/withdrawn           | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 41) Suicidal threats/attempts        | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 42) Fatigued                         | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 43) Anxious/nervous                  | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 44) Excessive worrying               | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 45) Sleep disturbance                | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 46) Panic attacks                    | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 47) Mood shifts                      | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |

49) For each of the behaviors noted on the previous page as occurring FREQUENTLY, or if it causes significant impairment, write a brief description of how it impacts the child's or other people's lives. Give examples. Use the back of this page as needed.

Behaviors of Concern

Impact on Child or Others

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

50) Briefly describe the child's ways of expressing the following emotions or behaviors:

ANGER: \_\_\_\_\_

HAPPINESS: \_\_\_\_\_

SADNESS: \_\_\_\_\_

ANXIETY: \_\_\_\_\_

51) List the child's behaviors that you would like to see change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

52) Additional information you believe would be helpful: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE BRING THIS FORM TO  
YOUR NEXT APPOINTMENT.