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(To be filled out by parents of children and adolescents)
Please return with accompanying paperwork at or before first visit.

Name of Child _____ Today's date _____

Sex _____ Date of Birth _____ Age _____ Race _____

School attending _____ Grade _____

Mother (biological/adoptive) _____ Occupation _____ Yrs of education _____

Address _____ Home phone _____ Work phone _____

Father (biological/adoptive) _____ Occupation _____ Yrs of Education _____

(Address _____ Home phone _____) Work phone _____

If your child is adopted, age of child when adopted _____

Steptather/Stepmother _____ Occupation _____ Yrs of education _____

Do child's parents currently live together? _____ Are parents divorced? _____ separated? _____ widowed? _____

If parents live apart, how old was your child when parents began living apart? _____ Please describe custody and visitation arrangements. _____

List any other adults who live in the home:

Name _____ Relationship _____

Name _____ Relationship _____

Please list other children in the home:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

If the child has brothers or sisters who do not live in the home now, please list:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Please list the name and locations of grandparents who interact often with the child (either in person or by mail and visits):

Grandparent(s) _____ Location _____

Grandparents(s) _____ Location _____

Please describe **your goal in making this appointment.** _____

When did the problem(s) begin? _____

List anything you did to improve the problem. _____

PRENATAL HISTORY

Were there any significant problems (medical, emotional) during the pregnancy? Yes _____ No _____

If so, please specify. _____

Were alcohol, medications, and/or other drugs used? _____

Length of : Pregnancy _____ Labor and delivery _____

Medications during labor and delivery: _____

Were there any complications in labor/delivery? Yes ___ No ___. Please specify: _____

NEONATAL HISTORY

Birthweight: _____. Were there any significant problems for the child at birth or in the newborn

phase? Yes ___ No ___. Please specify _____

INFANCY (0 to 12 months)

Check if applicable, any significant problems, delays, and/or difficulties your child had in the 1st year:

- | | | |
|----------------|--------------------------------|----------------------------|
| _____ feeding | _____ sleeping | _____ breathing |
| _____ colic | _____ bowel/urinary habits | _____ not liking affection |
| _____ crawling | _____ inability to be consoled | _____ sitting on own |
| | _____ emotional responsiveness | |

Please specify any other significant problems during this period: _____

Who cared for child during the first year? _____

SOCIAL HISTORY

Were/are both parents involved in the child's care? _____

Who stays with the child when the child is ill? _____

Does your child require much scolding or discipline? _____ Please explain. _____

What forms of discipline/guidance do you use? _____

What is your child's reaction to discipline/guidance? _____

Do parents usually agree on discipline/guidance? If no, please explain. _____

Do you have extended family or friends in the community to help with the child? Describe. _____

Does the child have a close relationship with an adult not presently living at home? _____

What activities does the child do when not in school? _____

Who watches your child after school hours? _____

Does the child play outside in the neighborhood? _____

How does the child get along with others (family, neighbors, peers)? _____

What activities does the family do together? _____

What kinds of jobs or household responsibilities does your child have? _____

Does he/she do them willingly? _____ Without prompting? _____

Have there been any important changes in the family during the last year (examples: job changes, moves, births, deaths, separation or divorce)? _____

Does your child have any habits which concern you (nail-biting, bedwetting, drugs, truancy, etc.)?

Educational History

Are you satisfied with your child's progress in school? _____

What are his/her typical grades? _____

What does your child say about school? _____

Does your child receive (or has he/she in the past) any **resource** or **special educational services**? _____

Please describe these and during what grades _____

Has your child ever received special services or been hospitalized for **behavioral or emotional** reasons? _____
Please explain (and provide records) _____

Please list the names and addresses of any doctors, psychologists, speech therapists, or other professionals who have evaluated your child. (Please provide records of evaluations.)

At this stage of your child's development, what pleases you about him/her? What do you see as your child's strengths? (mental, social, physical, and emotional)

If you would care to, please discuss your aspirations for this child--what you hope or expect him/her to become as an adult.

Please feel free to add any information you feel will add to my understanding of your child.
