

Clear Life Services, LLC
Biographical Information Form – Minor

Instructions: To assist us in helping your child, please fill out this form as fully and openly as possible. All private information is held in strictest confidence within legal limits. Please write "NA" or mark a dash through any questions that do not apply.

Information supplied by: _____ Relationship: _____

1) Child's Name: _____ 2) Age: _____ 3) Gender: ___M ___F

4) Weight: _____ 5) Height: _____ 6) Eye color: _____ 7) Hair color: _____ 8) Race: _____

9) Address: _____

Street & Number

City

State

Zip

10) Today's Date: _____ 11) Date of Birth: _____

12) Home Phone: _____ Cell Phone: _____

Email Address: _____ 13) Year in School: _____

14) Has the child been involved in previous counseling? ___Y ___N

If Yes, please describe: _____

15) Why is the child coming to counseling? _____

16) How long has the problem persisted (from #15)? _____

17) Under what conditions do the problems usually get worse? _____

18) Under what conditions do the problems usually improve? _____

Medical History

19) Name and Address of Physician(s):

Physician's Name: _____ Phone: _____

Address: _____

Street & Number

City

State

Zip

Most Recent Physical Exam: _____ Results: _____

20) List any major illnesses and/or operations: _____

21) List any present physical concerns occurring (e.g. high blood pressure, headaches, dizziness, etc.): _____

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

Family History

23) On average, how many hours of sleep does the child receive daily? _____

24) Does the child have trouble falling asleep at night? ___ Y ___ N

If Yes, how long has this been a problem? _____

25) Describe the child's appetite (during the past week):

___ poor appetite ___ average appetite ___ large appetite

26) What medications (and dosages) are being taken at present, and for what purpose? _____

27) Mother's age: _____ If deceased, how old was the child when she passed away? _____

28) Father's age: _____ If deceased, how old was the child when she passed away? _____

29) If parents are separated or divorced, how old was the child when he passed away? _____

30) Number of brother(s) _____ Their age(s) _____, _____, _____, _____, _____, _____, _____, _____, _____

31) Number of sister(s) _____ Their age(s) _____, _____, _____, _____, _____, _____, _____, _____, _____

32) Child number _____ in a family of _____ children.

33) Is the child adopted or raised with parents other than biological parents? ___ Y ___ N

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

Biological siblings: _____

Step and/or half siblings: _____

Other: _____

35) 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): _____

36) Is there a history or recent occurrence(s) of child abuse to this child? ___ Y ___ N

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

Comments: _____

37) Parent's occupations: Mother _____ Father _____

38) Briefly describe the style of parenting used in the household: _____

Developmental History

39) Briefly describe any problems in the child's mother's pregnancy and/or birth: _____

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

<u>Behavior</u>	<u>Age Began</u>	<u>Comments</u>
Walking	_____	_____
Talking	_____	_____
Toilet Trained	_____	_____

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

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

	<i>Below Average</i>	<i>About Average</i>	<i>Above Average</i>
Social	_____	_____	_____
Physical	_____	_____	_____
Language	_____	_____	_____
Intellectual	_____	_____	_____
Emotional	_____	_____	_____

For each type of development that you rated above as **below** average, please describe (as specifically as possible) the area(s) of concern: _____

43) List the child's three greatest strengths:

- 1) _____
- 2) _____
- 3) _____

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

- 1) _____
- 2) _____
- 3) _____

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

- 1) _____
- 2) _____
- 3) _____

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

- 1) _____
- 2) _____
- 3) _____

47) Briefly describe the child's friendships: _____

48) What report card grades does the child usually receive? _____

49) Briefly describe the child's hobbies and interests: _____

50) Describe how the child is disciplined: _____

51) For what reasons is the child disciplined? _____

Behaviors of Concerns

52) 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 | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 2) Argues with adults | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 3) Refuses adults' requests | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 4) Deliberately annoys people | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 5) Blames others for own mistakes | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 6) Easily annoyed by others | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 7) Angry/resentful | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 8) Spiteful/vindictive | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 9) Defiant | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 10) Bullies/teases others | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 11) Initiates fights | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 12) Uses a weapon | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 13) Physically cruel to people | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 14) Physically cruel to animals | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 15) Stealing | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 16) Forced sexual activity | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 17) Intentional arson | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 18) Burglary | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 19) "Cons" other people | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 20) Runs away from home | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 21) Truant at school | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 22) Doesn't pay attention to details | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 23) Several careless mistakes | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 24) Doesn't listen when spoken to | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 25) Doesn't finish chores/homework | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 26) Difficulty organizing tasks | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 27) Loses things | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 28) Easily distracted | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 29) Forgetful in daily activities | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |
| 30) Fidgety/squirmy | ___ | Never | ___ | Rarely | ___ | Sometimes | ___ | Frequently |

31) Difficulty in remaining seated	___	Never	___	Rarely	___	Sometimes	___	Frequently
32) Runs/climbs around excessively	___	Never	___	Rarely	___	Sometimes	___	Frequently
33) Difficulty in playing quietly	___	Never	___	Rarely	___	Sometimes	___	Frequently
34) Hyperactive	___	Never	___	Rarely	___	Sometimes	___	Frequently
35) Difficulty awaiting turn	___	Never	___	Rarely	___	Sometimes	___	Frequently
36) Interrupts others	___	Never	___	Rarely	___	Sometimes	___	Frequently
37) Problems pronouncing words	___	Never	___	Rarely	___	Sometimes	___	Frequently
38) Poor grades in school	___	Never	___	Rarely	___	Sometimes	___	Frequently
39) Expelled from school	___	Never	___	Rarely	___	Sometimes	___	Frequently
40) Drug Abuse	___	Never	___	Rarely	___	Sometimes	___	Frequently
41) Alcohol consumption	___	Never	___	Rarely	___	Sometimes	___	Frequently
42) Depression	___	Never	___	Rarely	___	Sometimes	___	Frequently
43) Shy/avoidant/withdrawn	___	Never	___	Rarely	___	Sometimes	___	Frequently
44) Suicidal threats/attempts	___	Never	___	Rarely	___	Sometimes	___	Frequently
45) Fatigued	___	Never	___	Rarely	___	Sometimes	___	Frequently
46) Anxious/nervous	___	Never	___	Rarely	___	Sometimes	___	Frequently
47) Excessive worrying	___	Never	___	Rarely	___	Sometimes	___	Frequently
48) Sleep disturbance	___	Never	___	Rarely	___	Sometimes	___	Frequently
49) Panic attacks	___	Never	___	Rarely	___	Sometimes	___	Frequently
50) Mood shifts	___	Never	___	Rarely	___	Sometimes	___	Frequently

53) For each of the behaviors noted above as occurring FREQUENTLY (or if it causes significant impairment to the child or others) write a brief description of how it impacts the child's or other people's lives.

Number Description of Impact on Child or Others

