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PARENT/GUARDIAN INFORMATION

Person answering questions: _____ **Date** _____

In order to best be able to help you and your child, I need to know some things about your family. Please answer each question as completely as you can and explain any "yes" or "no" answers.

Background Information:

Client's Name: _____ Date of Birth: _____

Parents/Guardians names	Age	Education	Occupation
_____	_____	_____	_____
_____	_____	_____	_____

Sibling Names	Age	Education	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who does the child live with: _____

History of Problem:

What is the reason you're seeking help for your child? _____

When and how did you first notice the problem? _____

What kinds of changes have you seen in your child which seems to be part of the problem? _____

How have you tried to resolve the problem? _____

Please describe any major incidents or changes that have happened in your family (ie: moves, parental separation, death of a family member, additions to the family, losses, financial changes, etc.). What were this child's reactions to the incidents/changes? _____

Family Background:

Please describe relationship status of parents/guardians: _____

If the parents are divorced, please fill in the following information:

Name of Parent	Date(s) of marriage(s)/divorce(s)	Name of second spouse
_____	_____	_____
_____	_____	_____
_____	_____	_____

Custody and visitation arrangements: _____

Describe your relationship with the client: _____

Describe your relationship(s) with the client's sibling(s): _____

What kind of discipline is used in your family? Who is the "family disciplinarian"? How are decisions made in your family? _____

How does your family express feelings? How often are there conflicts in your family? What are they usually about? _____

Family History:

What is your family cultural background (ethnic or racial origin, religion, etc.)? _____

Please note any history of medical illness in your family? _____

Please note any history of mental health problems or learning disabilities in your family? _____

Please note any history of alcohol and/or drug use or dependence in your family? _____

Has anyone else in the family received psychiatric, psychological and/or chemical dependence treatment in an inpatient or outpatient setting? If yes, please explain: _____

Developmental/Behavioral History:

Was the child a planned child? How did parent(s) react to the pregnancy? _____

Were there any complications during the pregnancy and/or birth of the child? If yes, please describe: _____

Is the child your biological child, step-child or adopted child? _____

If adopted, please describe circumstances around adoption: _____

If your step-child, please describe circumstances around becoming their step-parent: _____

What do you find most difficult about raising this child? _____

Please describe your child's activity level, behavioral, social and emotional adjustment:

As an infant: _____

As a toddler: _____

As a preschooler: _____

During grade school: _____

During junior high: _____

During high school: _____

Please describe any concerns or delays your child had regarding:

Speech development: _____

Learning to crawl/walk: _____

Becoming bladder/bowel trained or bed wetting: _____

Social skill development: _____

Eating patterns: _____

Sleeping patterns: _____

Were there any problems with wetting or soiling the bed after your child had been toilet trained?

How well did your child tolerate normal separations before school age? _____

Please describe your child's current sleeping patterns: _____

Please describe your child's current eating patterns including any concerns (such as fasting, constant dieting, eating a lot at one time followed by not eating, etc.) or changes in the client's eating habits? _____

Please describe your child's current use of electronics/social media/internet, including amount of screen time per day? _____

Please describe your child's current physical activity level? _____

Please describe your child's current social activity level with extracurriculars and friends? _____

Educational History:

What school and grade is your child enrolled in? _____

How old was the client when he/she started school? _____

Has your child repeated or skipped any grades? _____

Have there been any academic, behavioral, or emotional problems with peers or teachers? If yes, when did the problems begin? What were they? _____

What kinds of grades does your child usually get? Describe any recent changes: _____

Has your child ever been assessed for learning problems, been in special classes or received tutoring? If yes, please describe: _____

Has your child ever been suspended or expelled from school? If yes, please describe why this happened and how you handled it: _____

Medical History:

Please describe any medical concerns and medication history: _____

Has your child ever been taken to a mental health or chemical dependence professional before? If yes, fill in the following information:

Name of professional	Dates of service	Reason for services
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever been placed out of the home for mental health, emotional and/or behavioral reasons (foster care, inpatient treatment, residential treatment, juvenile detention, with relative, etc.): If yes, please explain: _____

Final Thoughts:

How do you feel about seeking help for your child at this time? _____

What do you hope your child will gain from therapy? _____

What are your child's strengths? What do you enjoy most about your child? _____

What else do I need to know that I haven't asked? _____

