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A Vibrant Mind LLC
Child Information Form

Child's Information

Name ____ m / f Age __________ Date of Birth ______________________
School ______________________________________ City __________ Grade ________ Teacher______________________

Guardian Information

☐ Married ☐ Living Together ☐ Widowed ☐ Separated ☐ Divorced Date of Separation/ Divorce__________

Name ____ m / f Age __________ Date of Birth ______________________
Divorce Arrangement **Legal Custody** ☐ Joint ☐ Sole ☐ None **Physical Custody**______________________________
Address ______________________________ City __________________ State ____________ Zip_______________
Phone _________________________________ Email ____

Name ____ m / f Age __________ Date of Birth ______________________
Divorce Arrangement **Legal Custody** ☐ Joint ☐ Sole ☐ None **Physical Custody**______________________________
Address ______________________________ City __________________ State ____________ Zip_______________
Phone _________________________________ Email ____

Other People in Child's Home(s)

Name ____ m / f Age __________ Relationship ____________________
Name ____ m / f Age __________ Relationship ____________________
Name ____ m / f Age __________ Relationship ____________________
Name ____ m / f Age __________ Relationship ____________________

Child Care Providers (if applicable)

Name ____ m / f Age __________ Relationship ____________________
Name ____ m / f Age __________ Relationship ____________________

Major Concerns

Please describe, in your own words, your concerns about your child and the reasons that you are seeking help.

____
____
____
____

When were these difficulties first noticed? Please explain as fully as possible.______________________________
____
____
____

Previous Professional Assistance *(with these issues)*

Agency/ Professional ______________________________ Dates _____________ Type ______________________
Agency/ Professional ______________________________ Dates _____________ Type ______________________

What matters most to your child? ____
____
____

Describe your child's strengths ______________________________

____

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Special Concerns

Please check any past or present concerns about your child:

☐ Fears	☐ Destructiveness	☐ Eating	☐ Activity level	☐ Anxiety
☐ Coordination	☐ Temper tantrums	☐ Sexual activity	☐ Lying	☐ Truancy
☐ Stealing	☐ Response to discipline	☐ Fire Setting	☐ Peer Relationships	☐ Tics
☐ Thumb sucking	☐ Play Behavior	☐ Alcohol/Drugs	☐ Other ______________	

Please elaborate on any concerns that you have about any of the difficulties listed ______________________________

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____

Describe any known neglect or abuse (physically or sexually) your child has experienced______________________________

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Medical History

Please describe your child's general health______________________________

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____

Please list **any** medication that your child currently takes and what it is for (where applicable give the name of the prescribing physician)

____

____

Please describe any serious illnesses, accidents, or injuries______________________________

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____

Please describe any conditions that require regular medical care______________________________

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____

Have any of your child's blood relatives or caretakers struggles with any of the following:

ADHD	☐ yes	☐ no	Relationship ______________	Learning Disabilities	☐ yes	☐ no	Relationship ______________
Depression	☐ yes	☐ no	Relationship ______________	Alcohol/Drugs	☐ yes	☐ no	Relationship ______________
Suicide	☐ yes	☐ no	Relationship ______________	Anxiety	☐ yes	☐ no	Relationship ______________
Rage	☐ yes	☐ no	Relationship ______________	OCD Tendancies	☐ yes	☐ no	Relationship ______________

Childhood History

Was your child planned/wanted? Please explain______________________________

____

Pregnancy and Birth History (please include any trauma, medication by mother, unusual emotional strain, alcohol/drug use, complications, etc.)

☐ Early ☐ Premature ☐ Late ☐ Caesarean ☐ Induced labor ☐ Forceps ☐ Breech ☐ Epidural

☐ Anesthesia ☐ Blue Baby ☐ Other Medication ☐ Other complications______________________________

____

____

Postnatal History (Describe the time immediately following birth: feeding, incubation, injury, illness, etc.) ______________________________

Please describe your child's academic strengths______________________________

Does your child prefer the company of adults to other children? ☐ Yes ☐ No

Does your child have at least one best friend? ☐ Yes ☐ No What is the friend's age?___________

How do school teachers and non-family members describe your child?______________________________

Family/Relationship History Please check any current struggles in the family

☐ Physical health of family member(s)	☐ Marital problems	☐ Mental health of family member(s)
☐ Separation or Divorce	☐ Death of family member/pet	☐ Prolonged Absence
☐ Differences in child rearing	☐ Drinking/Drug abuse	☐ Other ______________________

Please elaborate on any concerns that you have about any of the difficulties listed______________________________

Briefly describe this child's behavior at home______________________________

How does this child get along with siblings______________________________

Describe any special activities that the family does together______________________________

Guardian Social History (Description of significant life events in guardian's family or origin i.e. discipline style, history of drug/alcohol use, employment history, legal involvement, education, moves, abuse, etc.)

Goal(s) for child's therapy and/or family change______________________________

Signatures of guardian(s) who completed this form

______________________________ ________________

Signature Date