

# THE WELLNESS INSTITUTE OF MICHIGAN

## CHILD AND TEEN HISTORY

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON THE CHILD IS COMING TO COUNSELING: \_\_\_\_\_

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

WHO REFERRED THE CHILD TO COUNSELING AND WHY? \_\_\_\_\_

\_\_\_\_\_

### FAMILY HISTORY

**BIOLOGICAL FATHER NAME:** \_\_\_\_\_

(CIRCLE ONE) LIVING    DECEASED	AGE (IF LIVING): AGE IF DECEASED:	CURRENT HEALTH (IF LIVING)/CAUSE OF DEATH (IF DECEASED):
MARITAL STATUS:		OCCUPATION:
LOCATION:	DESCRIBE RELATIONSHIP:	

**BIOLOGICAL MOTHER NAME:** \_\_\_\_\_

(CIRCLE ONE) LIVING    DECEASED	AGE (IF LIVING): AGE IF DECEASED:	CURRENT HEALTH (IF LIVING)/CAUSE OF DEATH (IF DECEASED):
MARITAL STATUS:		OCCUPATION:
LOCATION:	DESCRIBE RELATIONSHIP:	

**STEP MOTHER (IF APPLICABLE) NAME:** \_\_\_\_\_

(CIRCLE ONE) LIVING    DECEASED	AGE (IF LIVING): AGE IF DECEASED:	CURRENT HEALTH (IF LIVING)/CAUSE OF DEATH (IF DECEASED):
MARITAL STATUS:		OCCUPATION:
LOCATION:	DESCRIBE RELATIONSHIP:	

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**STEP FATHER (IF APPLICABLE) NAME:** \_\_\_\_\_

(CIRCLE ONE)  LIVING      DECEASED	AGE (IF LIVING):  AGE IF DECEASED:	CURRENT HEALTH (IF LIVING)/CAUSE OF DEATH (IF DECEASED):
MARITAL STATUS:		OCCUPATION:
LOCATION:		DESCRIBE RELATIONSHIP:

**BIOLOGICAL AND/OR STEP SIBLINGS**

NAME OF SIBLING	BIO-LOGICAL /STEP	AGE	SEX	SCHOOL/OCCUPATION	GRADE	LIVES AT HOME	USES DRUGS/ALCOHOL	TREATED FOR DRUGS/ALCOHOL?
	B S		M F			Y N	Y N	Y N
	B S		M F			Y N	Y N	Y N
	B S		M F			Y N	Y N	Y N
	B S		M F			Y N	Y N	Y N
	B S		M F			Y N	Y N	Y N

HAS THE CHILD EVER BEEN REMOVED FROM THE PARENTS CARE? **YES NO** IF YES, WHEN? \_\_\_\_\_  
 HOW LONG? \_\_\_\_\_ WHERE WERE THEY PLACED? \_\_\_\_\_

ARE THERE ANY CURRENT CUSTODY ISSUES? **YES NO** IF YES, PLEASE EXPLAIN THE CURRENT CUSTODY ARRANGEMENTS: \_\_\_\_\_

**CURRENT LIVING ARRANGEMENTS**

WHO LIVES IN THE HOME NOW? \_\_\_\_\_

PLEASE DESCRIBE THE FAMILY DYNAMICS AND STYLE (AFFECTION, GENERAL HOME LIFE AND SCHEDULE, STRESS, FINANCES, DIVORCE, DEATH, TRAUMA, ABUSE, OUTSIDE ACTIVITIES, FAMILY TIME TOGETHER, CULTURE, RELIGION): \_\_\_\_\_

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## CHILD'S HEALTH AND DEVELOPMENT

PLEASE DESCRIBE STATUS OF DEVELOPMENT MARKERS FOR INFANCY, TODDLER, PRESCHOOL AGE, EARLY CHILDHOOD (K-5), MIDDLE SCHOOL AND HIGH SCHOOL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE DESCRIBE THE CHILDS CURRENT HEALTH STATUS: \_\_\_\_\_

\_\_\_\_\_

		AGE			AGE
HIGH FEVER	Y N		DENTAL PROBLEMS	Y N	
PNEUMONIA	Y N		WEIGHT PROBLEMS	Y N	
FLU	Y N		ALLERGIES	Y N	
ENCEPHALITIS	Y N		SKIN PROBLEMS	Y N	
MENINGITIS	Y N		ASTHMA	Y N	
CONVULSIONS	Y N		HEADACHES	Y N	
UNCONSCIOUSNESS	Y N		STOMACH PROBLEMS	Y N	
CONCUSSIONS	Y N		ACCIDENT PRONE	Y N	
HEAD INJURY	Y N		ANEMIA	Y N	
FAINTING	Y N		SINUS PROBLEMS	Y N	
TONSILS OUT	Y N		HEART PROBLEMS	Y N	
VISION PROBLEMS	Y N		HIGH/LOW BLOOD PRESSURE	Y N	
HEARING PROBLEMS	Y N		ADD	Y N	
EAR ACHES	Y N		ADHD	Y N	
OTHER ILLNESSES	Y N		OTHER INJURIES	Y N	
EXPLAIN:			EXPLAIN:		
DOES THE CHILD HAVE ANY MEDICAL CONDITIONS?		Y N	IF YES, EXPLAIN:		
IS THE CHILD CURRENTLY TAKING PRESCRIBED MEDICATION?		Y N	IF YES, FILL OUT ATTACHED MEDICATION LOG		
HAS THE CHILD EVER BEEN HOSPITALIZED?		Y N	IF YES, EXPLAIN:		
DOES THE CHILD HAVE ANY PROBLEMS SLEEPING, EATING AND/OR WITH ANGER?		Y N	IF YES, EXPLAIN:		
HAS THE CHILD EVER CAUSED SELF-HARM?		Y N	IF YES, EXPLAIN:		

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HAS THE CHILD EVER ATTEMPTED SUICIDE?	<b>Y N</b>	IF YES, EXPLAIN:
HAS THE CHILD EVER HAD SUICIDAL THOUGHTS OR MADE GESTURES OF SUICIDE/HOMOCIDE?	<b>Y N</b>	IF YES, EXPLAIN:
HAS ANYONE IN THE FAMILY COMMITTED SUICIDE/HOMOCIDE?	<b>Y N</b>	IF YES, EXPLAIN:
HAS THE CHILD BEEN INVOLVED IN ANY TRAUMATIC EVENTS/ACCIDENTS?	<b>Y N</b>	IF YES, EXPLAIN:
HAS THE CHILD HAD ANY CONCUSSIONS OR BRAIN INJURIES?	<b>Y N</b>	IF YES, EXPLAIN:
IS THE CHILD CURRENTLY BEING ABUSED IN ANY WAY, OR IS THERE CONCERN THE CHILD HAS BEEN ABUSED IN ANY WAY?	<b>Y N</b>	IF YES, EXPLAIN:
DO YOU HAVE ANY CONCERNS FOR THE CHILDS SAFETY TODAY?	<b>Y N</b>	IF YES, EXPLAIN:

PLEASE DESCRIBE THE CHILDS CURRENT **BEHAVIOR, EMOTIONAL STATUS, SLEEPING AND EATING HABITS** (UNUSUAL, BIZARRE, OCD, MOOD, FIRE SETTING, SUICIDAL, HOMOCIDAL, DANGER TO ANIMALS, SLEEP & EATING PATTERNS, ADHD, DELIQUENCY): \_\_\_\_\_

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### **MOTHER'S HEALTH**

WERE THERE ANY PRENATAL, LABOR AND/OR DELIVERY ISSUES?    **YES**    **NO**    IF YES, PLEASE EXPLAIN:

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PLEASE DESCRIBE THE MOTHER'S HEALTH DURING PREGNANCY, LABOR, AND DELIVERY (ALCOHOL/ DRUG USE, SMOKING, MEDICAL ISSUES, MEDICATIONS, CAFFEINE INTAKE, OR GENERAL STRESS LEVEL):

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### EDUCATION

WHAT IS THE CHILDS CURRENT GRADE LEVEL? \_\_\_\_\_

WHICH DOES THE CHILD ATTEND? <b>HOME SCHOOLING</b> <b>PUBLIC</b> <b>PRIVATE</b> <b>RELIGIOUS BASED</b> <b>ALTERNATIVE</b> <b>OTHER:</b> _____		
WHAT TYPE OF CLASSES DOES THE CHILD ATTEND? <b>MAINSTREAM</b> <b>SPECIAL EDUCATION</b> <b>ADVANCED</b> <b>OTHER:</b> _____		
DID THE CHILD ATTEND PRESCHOOL?	<b>Y</b> <b>N</b>	IF YES, WHAT AGE:
DID THE CHILD CHANGE SCHOOLS?	<b>Y</b> <b>N</b>	IF YES, HOW MANY TIMES:
DID THE CHILD DROP OUT?	<b>Y</b> <b>N</b>	IF YES, WHEN:
DID THE CHILD SKIP A GRADE?	<b>Y</b> <b>N</b>	IF YES, WHAT GRADE(S):
DID THE CHILD REPEAT A GRADE?	<b>Y</b> <b>N</b>	IF YES, WHAT GRADE(S):
HAS THE CHILD EVER HAD A TUTOR/SPECIAL HELP WITH SCHOOL WORK?	<b>Y</b> <b>N</b>	IF YES, EXPLAIN:
DOES THE CHILD ATTEND SCHOOL ON A REGULAR BASIS?	<b>Y</b> <b>N</b>	IF <b>NO</b> , EXPLAIN:
DOES THE CHILD APPEAR MOTIVATED IN SCHOOL?	<b>Y</b> <b>N</b>	IF <b>NO</b> , EXPLAIN:
HAS THE CHILD EVER BEEN SUSPNDED OR EXPELLED?	<b>Y</b> <b>N</b>	IF YES, EXPLAIN:
HAVE THERE BEEN CHANGES IN GRADES RECENTLY OR IN THE PAST?	<b>Y</b> <b>N</b>	IF YES, EXPLAIN:
HAS THE CHILD HAD PSYCHOLOGICAL OR EDUCATIONAL TESTING?	<b>Y</b> <b>N</b>	IF YES, EXPLAIN:
CHILDS EDUCATIONAL ASPIRATIONS? <b>QUIT</b> <b>GRADUATE HIGH SCHOOL</b> <b>ATTEND COLLEGE</b> <b>GRADUATE COLLEGE</b> <b>MILITARY</b> <b>UNSURE</b> <b>OTHER:</b> _____		

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SPECIAL EDUCATION NEEDS IDENTIFIED: \_\_\_\_\_

OTHER LEARNING DISABILITIES/EMOTIONAL NEEDS: \_\_\_\_\_

IN SCHOOL, HOW MANY FRIENDS DOES THE CHILD HAVE? **A LOT** **A FEW** **NONE**

LIST THE CHILD'S SPECIAL INTERESTS, HOBBIES, AND SKILLS: \_\_\_\_\_

**SUBSTANCE USE/HISTORY**

DOES ANY MEMBER OF THE FAMILY EXPERIENCE DRUG OR ALCOHOL ABUSE? **YES** **NO**

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DOES ANY MEMBER OF THE FAMILY CURRENTLY DRINK ALCOHOL (INCLUDING THE CHILD)? **YES** **NO**

IF YES, WHAT TYPE OF ALCOHOL? **BEER** **WINE** **LIQUOR** **OTHER:** \_\_\_\_\_

HOW OFTEN DO THEY DRINK? **DAILY** **WEEKLY** **MONTHLY** **OCCASSIONALLY**

HOW MUCH DO THEY DRINK? \_\_\_\_\_

IS THEIR ALCOHOL USE INTERFERING WITH SCHOOL, WORK OR RELATIONSHIPS (i.e., TRUANCY, FIRED, FIGHTING, FAMILY PROBLEMS)? **YES** **NO** IF YES, EXPLAIN: \_\_\_\_\_

HAVE THEY EVER BEEN TREATED FOR ALCOHOL ABUSE? **YES** **NO** IF YES, EXPLAIN: \_\_\_\_\_

DOES ANY MEMBER OF THE FAMILY CURRENTLY USE OTHER DRUGS (INCLUDING THE CHILD)?

**YES** **NO** IF YES, WHAT KIND OF DRUGS DO THEY USE?

**MARIJUANA** **COCAINE** **HEROIN** **METHAMPHETIMINES** **OPIATES** **BENZOS**

**OTHER (EXPLAIN):** \_\_\_\_\_

HOW OFTEN DO THEY USE? **DAILY** **WEEKLY** **MONTHLY** **OCCASSIONALLY**

HOW MUCH DO THEY USE? \_\_\_\_\_

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HAS THEIR DRUG USE INTERFERED WITH SCHOOL, WORK OR RELATIONSHIPS (i.e., TRUANCY, FIRED, FIGHTING, FAMILY PROBLEMS)? **YES NO** IF YES, EXPLAIN: \_\_\_\_\_

HAVE THEY EVER BEEN TREATED FOR DRUG ABUSE? **YES NO** IF YES, EXPLAIN: \_\_\_\_\_

**LEGAL HISTORY**

HAS THE CHILD EVER HAD DIFFICULTY WITH POLICE? **YES NO** IF YES, EXPLAIN (PLEASE INCLUDE WHEN AND WHAT IT WAS FOR): \_\_\_\_\_

HAS THE CHILD EVER APPEARED IN JUVENILE COURT? **YES NO** IF YES, EXPLAIN (PLEASE INCLUDE WHEN AND WHAT IT WAS FOR): \_\_\_\_\_

HAS THE CHILD EVER BEEN ON PROBATION? **YES NO** IF YES, EXPLAIN: \_\_\_\_\_

IS THE CHILD CURRENTLY ON PROBATION? **YES NO** IF YES, WHO IS THE CURRENT PROBATION OFFICER? \_\_\_\_\_

IS TREATMENT BEING COURT ORDERED? **YES NO** IF YES, EXPLAIN: \_\_\_\_\_

**EMPLOYMENT**

HAS THE CHILD EVER BEEN EMPLOYED? **YES NO** IS THE CHILD EMPLOYED NOW? **YES NO**

<b>JOB</b>	<b>EMPLOYER</b>	<b>LEGNTH OF EMPLOYMENT</b>

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**RELIGION/SPIRITUALITY**

WHAT ROLE DOES RELIGION/SPIRITUALITY HAVE IN THE CHILD'S LIFE? \_\_\_\_\_

\_\_\_\_\_

DO YOU ATTEND WORSHIP SERVICES? YES NO IF YES, HOW OFTEN: \_\_\_\_\_

WHERE? \_\_\_\_\_

**PERSONAL**

HOW DOES THE CHILD YOU SPEND THEIR FREE TIME? \_\_\_\_\_

WHAT OTHER INTERESTS DO THEY LIKE TO PURSUE? \_\_\_\_\_

IS THERE ANYTHING ELSE YOU WOULD LIKE ME TO KNOW THAT MAY HELP IN COUNSELING?

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

**THANK YOU FOR TAKING THE TIME TO FILL OUT THIS FORM.**

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE:



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### THERAPIST SECTION:

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THERAPIST SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## MEDICATION LIST

PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING. PLEASE CONTINUE ON BACK IF YOU NEED MORE ROOM

NAME OF MEDICATION	DOSAGE	AGE	LENGTH TAKEN	REASONS