History and Information Form - Parent / Caregiver

This form has been developed to assist staff in obtaining basis information about your child and the concerns that led to his or her referral. Point form answers are fine and do not worry about spelling or grammar. All of the information collected is confidential and will only be shared with the staff involved in your child's care. If you need more space for your answers, please use an extra sheet of paper and attach it to this form. We would appreciate your answering all of the questions thoroughly, but refusal to do so will not affect the service that your child receives.

Today's date: _____/__________/_____
(day month year)

Person completing form: ______________________ Relationship to child: ____________

Personal Information

Child's Name: ____
(last middle initial first)

Birthdate: _____/__________/_____
(day month year)

Birthplace: ______________________________

Gender: M / F

Language spoken at home: ________________

Mother's Address: ____
(street address, apt #) (city or town) (postal code)

Father's Address: ____
(street address, apt #) (city or town) (postal code)

Custody (Please circle): Sole (mom / dad) Joint Primary Care and Control (mom / dad)

Home phone #: ____________/____________
mother father

Cell phone #: ____________/____________
mother father

Father's work #: ______________________ Mother's work #: ____________________

Family physician: ______________________________ Phone #: ________________

School Information

School phone #: ____________________

Current school (if not in school, last school attended): ______________________________

Current grade (if not in school, last grade completed): ______________________________

What other schools has your child attended, and for what grades?

____

____

What is the problem that you would like help with now?

When and how did the problem seem to develop? What else was happening in your child's life or in the family when this problem developed?

Family Information

Please list all of the people living in your child's household including parents, brothers, sisters, other relatives, boyfriends, and girlfriends:

Name	Gender (M/F)	Age	Birthdate (day/mo/yr)	Relationship to child	Occupation/ Grade

Some young people are not living with their own families for some reason. They may be living with a foster family, or in a group home, or independently. If your child is not living with his/her own family, what is the living arrangement and who is the guardian?

____

____

Is there a parent who lives outside the home? Yes / No (circle one)

Phone #______________

If YES, how often does he/she have contact with the child? (circle one)
Once a week or more / Every other week / At least once a month / At least once a year / Less than once a year

If YES, what is the family status of that parent? (circle one)
Remarried with children / Remarried without children / Living with someone with children / Living with someone without children / Alone / Not sure

Comments about contact with this parent: ________________________________

____

Are there any other family members who are not living with the child - including parents, brothers, or sisters (who may be living on their own).

Name	Gender (M/F)	Age	Where living?	Relationship to child	Occupation/ Grade

Health History

Has your child ever had any serious illnesses, operations, accidents, or overnight stays in hospital? If so, list the problems and the ages when they occurred.

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____

____

____

Does your child have any other ongoing health problems (e.g., allergies, asthma)?

____

____

Does your child take any regular medications, including vitamins, herbs, or supplements? Please list:

____

____

Pharmacy: _______________ Phone # _______________

Were there any problems during the pregnancy, delivery, or first year of life? Please describe:

____

____

____

Was your child premature? How many weeks? ____________________

How was your child's early development - eating, sleeping, walking, talking?

____

____

____

Have any family members had similar problems to those your child has been experiencing, either recently or when they were a child?

____

____

____

____

Is there a history, in the mother's or father's immediate family, of any of the following problems? (Circle positive responses, mark with "m" for mother's side, "f" for father's side).

____ Depression
____ Bipolar Affective Disorder (Manic/Depressive Disorder)
____ Fears
____ Obsessive-Compulsive Disorder
____ Attention Deficit/Hyperactivity Disorder
____ Tourette's Disorder
____ Learning Disability
____ Tics
____ Physical Abuse
____ Alcohol Abuse
____ Sexual Abuse
____ Drug Abuse
____ Other Mental Health Problem - Please describe: ____________________

____

Family Situation:

How many household moves has your child made in his/her life? ____________

Have there been any separations from important people in your child's life? (For example, parents separated or divorced, someone away from the family due to a serious illness, loss of a family member or friend due to some kind of problem, serious illness or death of a family member or close friend.)

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____

How does your child get along with other family members (parents, brothers, sisters)?

Everyone has stresses in their lives; what are your child's main stresses (e.g., exams, moving, fights, brothers or sisters)?

Have there been other family stresses or problems that may have caused stress for your child?

How does your child usually cope with stress (i.e. self-harm)?

Has your child ever had a traumatic experience, such as being in a serious car accident, seeing someone else who was seriously injured, having a serious illness, being abused or seeing someone else abused? Please describe.

What are your child's favourite things to do with his/her spare time? Does your child participate in any extra activities - either in school or outside of school? (For example, sports, swimming, hobbies, dance, Scouts or Guides)

____

____

Does your child play with same-age peers? How does this go?

____

____

____

Are you satisfied with the quality of your child's friendships?

____

____

What are your child's strengths?

____

____

What are the areas where it would be helpful to have improvement?

____

____

School Situation:

Does your child like school? ______ Does your child like his/her teacher? __________

Are any school subjects, including Physical Education difficult for your child? Please describe:

____

____

Does your child have any other problems at school? Please describe the problems and when they began.

____

____

Have you discussed these problems with his or her teacher? What were the results?

____

____

Has your child been involved in any resource or special programs at school? (For example, Reading Recovery, gifted education, Individualized Education Program (IEP), behaviour management, alternative learning program, work experience program, special education placement classroom etc.). IF YES, please describe the programs, when your child participated, and how helpful they were.

____

____

____

____

In general, how does your child perform academically at school?

_____ Below grade level _____ At grade level _____ Above grade level

Comments on academic performance: ______________________________________

____

____

Number of days of school missed over the last month (for any reason): __________

Resource Contacts:

Please list other people, services or agencies who have been involved in helping your child or your family. Please give the name and phone number of anyone who is or has been involved such as your child's medical specialist, school counsellor, resource teacher, reading specialist, therapist (physio, occupational, speech), social worker, psychologist, psychiatrist, probation worker, or any other helping person or agency. Please indicate which of these resources your child or your family continues to use by putting a large *** next to that name.

Organization/ Contact Person	Address	Telephone	Type of help

Thank you for taking the time to complete this form.

Clinician added notes above when reviewing form? _____ *Yes* _____ *No*

Notes: ____

____

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____

____

Form reviewed by: Name: ____

Signature: ______________________________ *Date:* ____________________