Behavioral Health Specialists, Inc.

CLIENT INFORMATION

PLEASE PRINT **CHILD/ADOLESCENT ADDENDUM** **Date:**

Child's First/Legal Name:_____ Middle Initial:_____ Last Name:_____

FAMILY HISTORY

If either parent is not in the home, where does he/she live?

Mother: _____

Name Address Age

Father: _____

Name Address Age

Frequency of visits with child: _____

Date of Separation: _____ Date of Divorce: _____

If both parents are employed, who cares for the child/adolescent during the day? _____

Does the child/adolescent ever share a bed with anyone? _____ Yes _____ No

If yes, please identify with whom and the relationship they have: _____

Which language other than English is regularly spoken in the child/adolescent's household? _____

BIRTH INFORMATION OF CHILD/ADOLESCENT

How old was the mother at the time of the child/adolescent's birth? _____

Mother's total number of pregnancies? _____ Miscarriages? _____

Were there problems during pregnancy with this child?

_____ Unusual swelling _____ Unusual weight gain? If so, how much? _____

_____ High blood pressure _____ Infection? If so, please identify: _____

_____ Unusual vomiting _____ Bleeding? If so, what month? _____

_____ None _____ Other relevant information: _____

Were any medication taken during pregnancy? _____ Yes _____ No

If yes, please list names and reasons for taking: _____

_____

_____

Was there any disease or exposure to diseases such as measles: _____ Yes _____ No

If yes, please list type: _____

_____

Was there persistent emotional stress and/or anxiety: _____ Yes _____ No

If yes, please explain: _____

_____

Did the mother have medical care while she was pregnant with this child/adolescent?

_____ Before the third month _____ After the third month _____ None

Was the pregnancy full term? _____ or premature? _____ If so, which month? _____

CLIENT NAME: _____ DATE: _____

BIRTH INFORMATION –CONTINUED

How long was labor? _____ hours Child's Birth Weight: _____

Type of Delivery: _____ natural _____ induced _____ c-section _____ forceps used

Place of Delivery: _____ hospital _____ home _____ other _____

Delivery attended by: _____ physician _____ midwife _____ other _____

Multiple Births? _____ How many? _____

Did the child suffer from any of the following health conditions following delivery?

_____ Anoxia (oxygen deficiency) _____ Blood exchange needed _____ Convulsions

_____ Feeding difficulties _____ Incompatible blood factor _____ Infection

_____ Jaundiced _____ Other _____

Mother's health after childbirth: _____ Good _____ Poor (please explain)_____

How many days was the baby in the hospital before coming home? _____

MEDICAL HISTORY Significant childhood diseases:

Disease Age Accompanied by high fever and/or coma? Other comments

_____

_____

Encephalitis?_____

Undiagnosed high fever? _____

DEVELOPMENTAL HISTORY

During infancy, were any of the following problems present?

_____ Difficulty sucking _____ Choked easily _____ Vomited or spit up frequently

_____ Difficulty chewing _____ Child was stiff _____ Child was limp

_____ Unusually nervous _____ Unusually jittery _____ Excessive crying

_____ Colic after 3 months of age _____ Difficulty sleeping _____ Breath holding spells

At what age did each of the following occur?

_____ Sat without support _____ Smiled _____ Was completely weaned

_____ Walked alone _____ Spoke first word _____ Used 2 o r 3 word sentences

_____ Started toilet training _____ Completed bowel training _____ Completed bladder training

_____ Relapses in bowel/bladder control _____ Completed dressing himself/herself

Which hand does the child/adolescent prefer? _____ Is this preference consistent? _____

Is child/adolescent's speech normal at this time? _____ Identify concerns: _____

Has this child/adolescent ever had speech therapy? _____ If yes, what age? _____ Where? _____

SOCIAL DEVELOPMENT

Behavioral concerns:_____

Types of discipline/consequences/incentives used: _____

Types of chores and responsibilities at home: _____

Primary disciplinarian:_____