

Family Comments

Child and Adolescent History

Name of child: _____ Age of child: _____

Caregivers Name: _____ Relationship to child: _____

Your Phone number: _____ Email: _____

Today's Date: _____

Please comment on the following topics as they relate to your child, and the last topic as it relates to the child's family. Feel free to use another sheet for more room.

1) Physical History:

(Prior significant illness, diagnoses/incidents, surgeries, etc.)

2) Psychological History:

(Any psychological diagnoses or issues, therapy, when/where/how long, etc.)

3) Emotional Functioning:

(Does your child express his/her feelings appropriately? Does he/ she have good coping skills?, does he / she act her chronological age?, etc.)

4) Peer and Other Social Relationships:

(Any extracurricular activities?, Does your child have friends?, Is your child liked by his/her peers?, Does your child get along easily with others?, Is your child a team player?, Does your child show passion for certain activities he/she participates in or talents he/she has?, etc.)

5) Intellectual Functioning / School Achievements:

(Does your child do well in school?, has he/ she failed any grades? what does he/ she excel in?, etc.)

6) Strengths and Weaknesses of Family Functioning: