

**Personal/Medical History for Child(ren)/Adolescent(s)**

**Today's Date:** \_\_\_ / \_\_\_ / \_\_\_

Child's Name	Date of Birth	Age	Previous Counseling? (yes/no/date)	Currently receiving medical services? If so, please give reason.

**Family Background**

Father \_\_\_\_\_ Occupation \_\_\_\_\_

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Parents are  together  separated  divorced  widowed

Child/ren live(s) with  both parents  mother  father  other guardian \_\_\_\_\_

shared parenting; schedule \_\_\_\_\_

Unusual family situations \_\_\_\_\_

Step parent or significant other in home?  no  yes, relationship quality \_\_\_\_\_

**Medical History**

**Pediatrician** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_ - \_\_\_\_\_

Child's Name	Were developmental milestones within normal limits? If not, please explain.	Accidents and/or Hospitalizations? Reason/Dates	Medication and Dosage	Present State of Health?

\_\_\_\_\_  
*Signature of parent / legal guardian*

\_\_\_\_\_  
*Date*