

## *History and Questionnaire*

Please complete this form as accurately and as fully as possible.

### **Client Information**

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Occupation/School: \_\_\_\_\_ Grade: \_\_\_\_\_ Marital

Status: \_\_\_\_\_

Home

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell#: (\_\_\_\_\_) \_\_\_\_\_ Work#: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

### **Responsible Party (if not client)**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Who referred you to our practice?

\_\_\_\_\_

Why have you come to us at this time?

\_\_\_\_\_

\_\_\_\_\_

What do you hope to accomplish from your time here?

\_\_\_\_\_

\_\_\_\_\_

Have you attempted to solve these problems before? If so, when and how?

\_\_\_\_\_

\_\_\_\_\_

What about past attempts at solving the problem(s) was not helpful?

\_\_\_\_\_

\_\_\_\_\_

### **Family Constellation**

Who lives at home with the client? (please include extended family and pets)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Describe the relationship between this person and the  
client: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Describe the relationship between this person and the client: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Describe the relationship between this person and the client: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Describe the relationship between this person and the client: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Describe the relationship between this person and the client: \_\_\_\_\_

Who else in the client's family is important to him/her?  
\_\_\_\_\_

Are there any conflictual relationships in the home? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

Please describe the marriage of the client's parents: \_\_\_\_\_  
\_\_\_\_\_

Please describe any important family events (e.g., divorces, remarriages, deaths, traumas, losses, significant moves, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Natural Mother's History:**

Age: \_\_\_\_\_ Career/Profession: \_\_\_\_\_

Education: \_\_\_\_\_

Any history of drug/alcohol use/abuse: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Any history of learning/attention problems?  
\_\_\_\_\_

Any medical problems? \_\_\_\_\_ Any evaluation or treatment for emotional problems?  
\_\_\_\_\_

Please describe briefly mother's family of origin, including significant conflict, history of emotional/learning

problems: \_\_\_\_\_

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**Natural Father's History:**

Age: \_\_\_\_\_ Career/Profession: \_\_\_\_\_

Education: \_\_\_\_\_

Any history of drug/alcohol use/abuse: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Any history of learning/attention problems?

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Any medical problems? \_\_\_\_\_ Any evaluation or treatment for emotional problems?

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Please describe briefly father's family of origin, including significant conflict, history of emotional/learning problems: \_\_\_\_\_

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**Step-Parent or other parental figure History:**

Age: \_\_\_\_\_ Career/Profession: \_\_\_\_\_

Education: \_\_\_\_\_

Any history of drug/alcohol use/abuse: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Any history of learning/attention problems?

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Any medical problems? \_\_\_\_\_ Any evaluation or treatment for emotional problems?

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Please describe briefly person's family of origin, including significant conflict, history of emotional/learning problems: \_\_\_\_\_

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**Developmental History of Client if Currently a Child or Adolescent**

Parents' attitude toward pregnancy: \_\_\_\_\_ Ease of

conception: \_\_\_\_\_

Complications of pregnancy/

birth: \_\_\_\_\_

Post delivery blues or postpartum depression? \_\_\_\_\_ If so, for how long?

\_\_\_\_\_

**Diet/Sleep History:** Breast vs. bottle \_\_\_\_\_ Age weaned \_\_\_\_\_ Food

allergies \_\_\_\_\_

Early sleep behavior: Sleepwalking, night terrors, dysregulation, etc.

\_\_\_\_\_

**Toilet training:** Age reached bowel control: day \_\_\_\_\_ night \_\_\_\_\_ Bladder control: day \_\_\_\_\_ night \_\_\_\_\_

Ease/difficulty with training \_\_\_\_\_ Current

function: \_\_\_\_\_

**Sexual development:** Any concerns regarding gender identity? \_\_\_\_\_

Any suspected history of sexual acting out and/or sexual abuse? \_\_\_\_\_

**Motor development:** How is his/her fine motor coordination? \_\_\_\_\_ Gross motor

coordination: \_\_\_\_\_

**Language Development:** When did the client: Say several words, besides mama, dada \_\_\_\_\_ Name several

objects \_\_\_\_\_

Put 3 words together (subject, verb, object) \_\_\_\_\_ How would you describe the client's:

Vocabulary: \_\_\_\_\_ Articulation: \_\_\_\_\_ Comprehension: \_\_\_\_\_ Oral reading

fluency: \_\_\_\_\_

**Social Development:** How was the client's attachment with mother growing up?

\_\_\_\_\_

How was the client's attachment to father? \_\_\_\_\_

How is the client's ability to make, maintain good friendships?

\_\_\_\_\_

Does the client have any significant hobbies or interests?

\_\_\_\_\_

How would you describe the client's current relationships with same-sex peers?

\_\_\_\_\_

How are his/her relationships with opposite sex peers?

\_\_\_\_\_

**Behavior/Discipline:** How compliant was/is the client as a child? \_\_\_\_\_ What methods of discipline

do/did parents use to shape the client's behavior?

\_\_\_\_\_

Which methods were most successful/least

successful: \_\_\_\_\_

Any history of physical abuse?

\_\_\_\_\_

**Emotional Development:** How would you describe the client's temperament as a baby (e.g., colicky, happy, content, excitable, curious, etc.)?

\_\_\_\_\_

Any phobias/fears? \_\_\_\_\_ Any history of emotional abuse?

\_\_\_\_\_

**Drug/Alcohol use/abuse:** Please list all

usage: \_\_\_\_\_

\_\_\_\_\_

**School History:** Current grade: \_\_\_\_\_ Number of schools attended: \_\_\_\_\_ Average grades: \_\_\_\_\_

Homework problems: \_\_\_\_\_ Specific learning problems: \_\_\_\_\_

What do/did teachers say about the client?

\_\_\_\_\_

**Religious Development:** What is the client's religious background? \_\_\_\_\_ Is his/her religious beliefs important to him/her or to the family?

\_\_\_\_\_

**Self-Identity Development:** What is the client's ethnic/racial background?

\_\_\_\_\_

Has the client experienced any discrimination due to ethnic/racial background?

\_\_\_\_\_

How would you rate the client's self esteem on a scale from 1-10 (with 10 being the highest): \_\_\_\_\_

**Medical History:**

Please explain in detail current and past medical problems/

concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current medications (with dosage,

reason): \_\_\_\_\_

\_\_\_\_\_

Any side effects? \_\_\_\_\_

Are you happy with the current medication regimen?

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How is the client's current diet?

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Does the client exercise regularly? (If no, are there any limitations?)\_\_\_\_\_

How does the client sleep? (How many hours, is it interrupted, is there snoring, etc.)\_\_\_\_\_

Who is the client's Primary Care Physician?

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**Etc.**

What are the client's personal strengths?

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What are the major stressors in the client's life?

Currently:\_\_\_\_\_

In the past:\_\_\_\_\_

What resources does the client have in aiding him/her in getting better?

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Is there anything else we should know about the client or his/her history or present situation that might help us better evaluate and help the client?

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Thank you very much for your attention to this history/questionnaire. If you recall anything important after you complete it, please feel free to contact the clinician.