**Sue Teich, LCSW-R**

***Child/Adolescent social history***

**CHILD’S NAME** \_\_\_\_\_\_\_\_\_\_\_\_BIRTH DATE AGE SEX

STREET ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY

HOME PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ADOLESCENT'S) CELL PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S INFO:

FATHER’S NAME \_\_\_\_\_\_\_\_\_\_AGE \_\_\_\_\_\_\_\_\_\_ CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT EMPLOYMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE \_\_\_\_\_\_\_\_\_\_\_ CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT EMPLOYMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS MARITAL STATUS/PARENTS:MARRIED *(HOW LONG?)*\_\_\_ SEPARATED DIVORCED *(HOW LONG?)\_\_\_\_\_*NEVER MARRIED \_\_\_\_\_

LIVING IN THE HOUSEHOLD:

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | AGE | RELATIONSHIP TO CHILD | EDUCATION—HIGHEST GRADE COMPLETED OR CURRENT EMPLOYMENT |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

IF A PARENT OR GUARDIAN DOES NOT LIVE WITH THE CHILD, PLEASE LIST WHO THIS IS AND THEIR ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELIGION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRACTICING?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEVELOPMENTAL HISTORY: If this info is not known for any reason, just write N/A**

MOTHER’S HEALTH DURING THIS PREGNANCY: NORMAL \_\_\_\_\_OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DID CHILD ARRIVE:ON TIME? …EARLY? BY\_\_\_ \_\_WEEKS… LATE? BY \_\_\_\_WEEKS

HEALTH OF NEWBORN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATIONAL HISTORY:** *(INDICATE SCHOOL AND AGE(S) ATTENDED)*

SCHOOLS ATTENDED: \_\_\_\_\_\_\_\_\_RETENTIONS:

ARE THERE ANY LEARNING OR BEHAVIOR PROBLEMS IN SCHOOL THIS YEAR? YES NO SERVICES AT SCHOOL? CLASSIFICATION? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT ARE LIKES/DISLIKES IN SCHOOL?

**SOCIAL HISTORY—PEERS AND RELATIONSHIPS**

WHAT ARE LIKES AND DISLIKES? INTERESTS?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE PEERS AGE APPROPRIATE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INVOLVED IN GROUP ACTIVITIES?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN A RELATIONSHIP AT THIS TIME? \_\_\_\_\_\_\_\_\_\_SEXUALLY ACTIVE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY:**

DESCRIBE PRESENT GENERAL HEALTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF LAST MEDICAL EXAM:

UNDER MEDICAL TREATMENT NOW? YES NO

DISCUSS PAST AND CURRENT USE OF MEDICATION FOR MEDICAL ISSUES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER SIGNIFICANT MEDICAL INFORMATION *(hospitalizations, accidents, illnesses, seizures, high fevers,handicaps, childhood diseases, allergies etc.)*

DESCRIBE THE SIGNIFICANT FAMILY MEDICAL HISTORY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MENTAL HEALTH AND SUBSTANCE USE/ABUSE:**

DESCRIBE HISTORY OF PATIENT SUBSTANCE USE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAMIILY SUBSTANCE USE OR ABUSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAS THERE BEEN ANY TREATMENT? \_\_\_\_\_

ANY HISTORY OR PRESENT USE OF PSYCHOTROPIC MEDICATIONS FOR CHILD?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIBE THE FAMILY PSYCH HISTORY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAS THERE BEEN ANY TRAUMA? LOSSES, ACCIDENTS, SEPARATIONS, ETC….

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIST AGENCIES AND/OR PRIVATE PRACTITIONERS TO WHICH FAMILY AND/OR CHILD IS KNOWN—NOW OR IN PAST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEGAL INVOLVEMENT: HAS THERE BEEN ANY LEGAL INVOLVEMENT? IF SO, PLEASE EXPLAIN—INCLUDE DATE OF INCIDENT, CHARGES, LEGAL DISPOSITION….. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE:

DATE: