



Background Information – Child Client

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Client

Name	Birthdate	ID
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Father

Name		Age
Address		Send mail <input type="checkbox"/> Y <input type="checkbox"/> N
City	State	Zip
Phone C	Leave msg <input type="checkbox"/> Y <input type="checkbox"/> N	Racial/Ethnic group
Phone H	Leave msg <input type="checkbox"/> Y <input type="checkbox"/> N	Religion
Phone W	Leave msg <input type="checkbox"/> Y <input type="checkbox"/> N	How did you hear about us
Email	Enewsletter <input type="checkbox"/> Y <input type="checkbox"/> N	

Mother

Name		Age
Address		Send mail <input type="checkbox"/> Y <input type="checkbox"/> N
City	State	Zip
Phone C	Leave msg <input type="checkbox"/> Y <input type="checkbox"/> N	Racial/Ethnic group
Phone H	Leave msg <input type="checkbox"/> Y <input type="checkbox"/> N	Religion
Phone W	Leave msg <input type="checkbox"/> Y <input type="checkbox"/> N	How did you hear about us
Email	Enewsletter <input type="checkbox"/> Y <input type="checkbox"/> N	

Family

Full brothers/sisters, with ages
Step-parents, with ages
Step-siblings, with ages
Half-siblings, with ages

Emergency Contact

Who should we contact in case of an emergency?

Name	Phone number
Relationship	

Residence History

Please report where the child has lived, when, and with whom including current custody arrangements, if applicable.

(Example – She was born in Tempe and lived with her mom and dad until they divorced in 1994. She then lived with her mother and her mothers' parents in Mesa until she was in the 2nd grade. When her mother remarried, they moved into the step-father's house in Chandler. Her step-brother and step-sister lived with their mother, but stayed with her family every other weekend. When she was in the 7th grade, she stayed with her father over the summer, but returned to her mother's home to begin the 8th grade in Chandler. She has lived with her mother ever since and sees her father only during summers as he has moved to Portland.)

Family Relationships

Please describe how well this child gets along with other members of the family.

(Example – Plays well with her brother, is teased by her sister, fights with mom, misses dad, cannot get along with step-father)

Social History

Does the child have a best friend	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes	<input type="checkbox"/> M <input type="checkbox"/> F	Age	How long
Length of this friendship					
About how many close friends does this child have					
About how many times per week does this child socialize outside of school hours					
Has this child slept over at friends' homes					
<input type="checkbox"/> Y <input type="checkbox"/> N					
What types of social activities does this child enjoy					
Do you have any concerns about this child's friendships					
<input type="checkbox"/> Y <input type="checkbox"/> N					
If yes, what concerns					
Has this child ever been in legal trouble					
<input type="checkbox"/> Y <input type="checkbox"/> N					
If yes, describe:					
Do you suspect this child uses					
<input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol <input type="checkbox"/> Cigarettes <input type="checkbox"/> None of these					
Do you suspect the child has ever been abused					
Physically	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, by whom			
Emotionally	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, by whom			
Sexually	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, by whom			

Educational History

List all schools attended, with city, and dates		
Current grade	Ever repeated a grade <input type="checkbox"/> Y <input type="checkbox"/> N	When
General performance: (Example - all A's, mostly C's, failed two classes, etc.)		
Problems with school <input type="checkbox"/> Y <input type="checkbox"/> N	What	
Special education <input type="checkbox"/> Y <input type="checkbox"/> N	Reason	
Strengths		Weaknesses

Work History

Chores (what, how often)	
Weekly allowance	Jobs outside the home
Other sources of money	

Mental Health Treatment History

Please list all psychiatrists, psychologists, therapists, and counselors

Facility/Agency	Provider's name	Phone number	Dates	Issues/Diagnosis	How/Why ended

Medical History

Mother's health during pregnancy		
Mother's age at delivery	Delivered <input type="checkbox"/> Vaginally <input type="checkbox"/> C-Section	Forceps used <input type="checkbox"/> Y <input type="checkbox"/> N
Mother's use of prescription or non-prescription drugs during pregnancy <input type="checkbox"/> Caffeine <input type="checkbox"/> Alcohol <input type="checkbox"/> Nicotine/Cigarettes <input type="checkbox"/> Prescription meds <input type="checkbox"/> Over-the-counter meds <input type="checkbox"/> Illegal drugs		
Labor length	Mother's labor meds	Birth weight
Birth complications		
Immediate health concerns		
Separated from mother at birth (explain)		
Separations from caregivers first month of life (explain)		
Injuries		
Surgeries		
Diseases		
Medications (everything current, with dosage and who prescribes)		
Weight	Height	Allergies
Health problems in father's family		
Health problems in mother's family		

Developmental History

Sat up	Walked
Single Words	Phrases
Bladder trained, daytime	Bladder trained, night
Bowel trained	Problems <input type="checkbox"/> Y <input type="checkbox"/> N
Dressed self	Any developmental concerns
Mealtime/Eating problems	
Bedtime/Sleeping problems	
Any irrational fears	
Sleep in own bed <input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	
Of 100%, what percent of directions does the child follow the first time they are given	
Aggressive behavior	
Symptoms of anxiety	
Symptoms of depression	

Disciplinary History

Check techniques used by your parents

	Mother (and Step-Father)	Father (and Step-Mother)	Other
Give instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeat instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charts/Lists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Send to room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grounding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make apologize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lose privileges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reward behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reward grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have child un-do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disapproving look	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasoning/Lecture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yell/Scream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spank with object	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit with fist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Presenting Problem

For what reasons are you seeking therapy at this time and for how long have these things been going on? What made you decide to come in and how will you know we are finished?

Father

Education			Occupation		
Since	Shift	Hours/Week	Yearly income	Likes job <input type="checkbox"/> Y <input type="checkbox"/> N	
Other occupations					
Marital history					
Mental health treatment history					
History of using alcohol or other drugs					
Legal history (arrests, jail time, fines)					

Mother

Education			Occupation		
Since	Shift	Hours/Week	Yearly income	Likes job <input type="checkbox"/> Y <input type="checkbox"/> N	
Other occupations					
Marital history					
Mental health treatment history					
History of using alcohol or other drugs					
Legal history (arrests, jail time, fines)					

Stepfather or Other Male

Education			Occupation		
Since	Shift	Hours/Week	Yearly income	Likes job <input type="checkbox"/> Y <input type="checkbox"/> N	
Other occupations					
Marital history					
Mental health treatment history					
History of using alcohol or other drugs					
Legal history (arrests, jail time, fines)					

Stepmother or Other Female

Education			Occupation		
Since	Shift	Hours/Week	Yearly income	Likes job <input type="checkbox"/> Y <input type="checkbox"/> N	
Other occupations					
Marital history					
Mental health treatment history					
History of using alcohol or other drugs					
Legal history (arrests, jail time, fines)					