

PEGGY KRUGER
TIETZ PH.D.
LICENSED PSYCHOLOGIST

Family and Child History Form

Child's Name _____ Date of Birth _____ Age _____

Siblings Name and Age _____

Parent's Name _____

Married Single Divorced Separated Widow

Why is the child coming to therapy?

Describe how you understand your child's problem or behavior (when did it begin, how long has it lasted? How have you reacted? What have you tried?)

Describe any prior therapy your child or family has had, duration, and results

Early History

Pregnancy: Any problems with the health of the mother or child?

Infancy: Colic, Eating, Illness, Hospitalizations, Sleep patterns, General Health

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Developmental Milestones: Crawling, walking, speech, toilet training, temper tantrums, attachment to parents

Medical History

Allergies, Head injuries, Ear Infections, Eye Problems, Frequent Colds, Asthma, Traumas, Accidents, Surgery.

School History

How did child do socially, emotionally, and academically?

Preschool _____

Kindergarten _____

Elementary Grades _____

Hobbies/ Special Interests/Pets _____

Describe a typical day in the child's life. How much TV, videos, and electronic games does the child watch each day?

Worrisome symptoms (phobias, nightmares, temper tantrums, withdrawal, bedwetting/soiling).

Describe your child's strengths.

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Family History

Please describe the child's relationship with brothers/ and or sisters.

Describe the child's relationship with mother.

Describe the child's relationship with father.

How are limits set and conflicts resolved in the family?

How openly are emotions expressed in the family? (fear, anger, sad, shame, happy, love, disgust, surprise)

Any major losses, deaths, separations, divorce, recent move, molestation, exposure to violence.

Has any relative of parents had problems similar to child's problem?

Anything else that impacts your child that you think I should know about.
