

West Valley Counseling Center

Other hospitalizations: _____
Head injuries: _____
Convulsions/seizures: _____
Persistent high fevers: _____
Eye problems: _____
Tics (eye blinking, sniffing, or any repetitive movement): _____
Ear problems: _____
Allergies or asthma: _____
Sleep problems (restless, night waking, sleepwalking): _____
Bedwetting or soiling pants in daytime: _____
Describe the child's appetite: _____
Please list other doctors or professionals consulted: _____
Current medications and dose: _____
Counseling: _____

FAMILY/SOCIAL HISTORY

Include any brothers or sisters you (the parent) have/had as well as your (the parent) natural parents (In other words, YOUR childhood history). Be sure to include PAST or PRESENT behavior.

Birth Mother Childhood History (Check all that apply)

<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Drug Usage
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Criminal Activity	<input type="checkbox"/> Homosexuality

Birth Father Childhood History (Check all that apply)

<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Drug Usage
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Criminal Activity	<input type="checkbox"/> Homosexuality

Step-Mother Childhood History (Check all that apply)

<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Drug Usage
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Criminal Activity	<input type="checkbox"/> Homosexuality

Step-Father Childhood History (Check all that apply)

<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Drug Usage
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Criminal Activity	<input type="checkbox"/> Homosexuality

Adopted Mother Childhood History (Check all that apply)

<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Drug Usage
<input type="checkbox"/> Physical Abuse	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Criminal Activity	<input type="checkbox"/> Homosexuality

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Adopted Father Childhood History (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Drug Usage |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Homosexuality |

Which family member has the best relationship with the patient? _____

INFANCY - TODDLERHOOD

Were any of the following present during the first few years?

- | | |
|---|---|
| <input type="checkbox"/> did not enjoy cuddling | <input type="checkbox"/> was not calmed by being held |
| <input type="checkbox"/> difficult to comfort | <input type="checkbox"/> colic |
| <input type="checkbox"/> excessive restlessness | <input type="checkbox"/> excessive irritability |
| <input type="checkbox"/> frequent head banging | <input type="checkbox"/> constantly into everything |

TEMPERAMENT: please rate the following as you child appeared in infancy and toddlerhood:

- | | | | |
|-----------------|--|--|-------------------------------------|
| Activity level: | <input type="checkbox"/> underactive | <input type="checkbox"/> average activity level | <input type="checkbox"/> overactive |
| Adaptability: | <input type="checkbox"/> adapted easily to change | <input type="checkbox"/> resisted change | |
| Intensity: | <input type="checkbox"/> average | <input type="checkbox"/> feelings were often intense | |
| Mood: | <input type="checkbox"/> often happy | <input type="checkbox"/> average range of moods | |
| | <input type="checkbox"/> often dissatisfied or irritable | | |

DEVELOPMENTAL MILESTONES

As best you can recall, list age of development, or check item at right:

	Age	or	Early	Normal	Late
Walked without assistance	_____		_____	_____	_____
Spoke first words	_____		_____	_____	_____
Any speech/articulation problems?					
Toilet trained daytime	_____		_____	_____	_____
Toilet trained nighttime	_____		_____	_____	_____

COORDINATION

Rate your child on the following skills:

	Good	Average	Poor
Walking	_____	_____	_____
Running	_____	_____	_____
Throwing	_____	_____	_____
Catching	_____	_____	_____
Shoelace tying	_____	_____	_____
Writing	_____	_____	_____
Athletic abilities	_____	_____	_____

COMPREHENSION AND UNDERSTANDING

Do you consider your child to understand directions and situations as well as other children his/her age?

How would you rate your child's overall level of intelligence?

- _____ Below average _____ Above average _____ Average

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PEER RELATIONSHIPS

How does your child get along with others his/her age? Describe any problems.

SCHOOL HISTORY

School currently attending: _____ Grade level _____

Is your child in any resource or special classes? _____

Has your child ever repeated a grade? If so, which? _____

Briefly describe your child's school progress. Note usual grades, any problems or successes, strong subjects and weak subjects:

Preschool - K _____

1st - 5th _____

6th - 8th _____

9th - 12th _____

Describe any conduct problems your child has had in school:

How would you rate your child's homework/study skills? ___ Good ___ Average ___ Poor

Describe difficulties: _____

Has your child had tutoring or remedial work? _____

Does your child like to read? _____ How often (circle one) Never Seldom Occas. Often

Please rate reading ability as _____ good _____ fair _____ poor

Any other comments on your child's performance and behavior:

HOME BEHAVIOR AND MOOD

Check which of the following applies to your child:

_____ frequently irritable or moody

_____ nervous, anxious

_____ can't seem to enjoy doing anything

_____ frequent headaches

_____ sad spells

_____ frequent stomachaches

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- | | |
|---|--|
| <p>_____ crying spells</p> <p>_____ easily bored</p> <p>_____ poor or low motivation</p> <p>_____ low self-esteem (makes negative statements about self)</p> <p>_____ can't seem to concentrate</p> <p>_____ has had thoughts of or made comments about suicide</p> <p>_____ other: _____</p> <p>_____ eats (too much) or (too little)</p> <p>_____ frequent arguing at home</p> <p>_____ fearfulness</p> | <p>_____ has had a panic attack (rapid heartbeat, sweaty palms, feeling something bad about to happen)</p> <p>_____ difficulty sleeping:</p> <p> ___ goes to sleep very late</p> <p> ___ hard to get up in morning</p> <p> ___ very restless sleep</p> <p> ___ bad dreams</p> <p>_____ acts like driven by a motor</p> <p>_____ doesn't seem to learn from experience</p> <p>_____ very disorganized (loses things, has very messy room)</p> <p>_____ has ever been physically or sexually abused</p> <p>_____ drug or tobacco use: _____</p> <p>_____ argues with or rude to teachers</p> |
|---|--|

If you child experienced any stressful or traumatic situations in the past few months or in the last few years please describe:

Any additional comments you would like to make about your child (mood, behavior, personality, etc.):

Thank you for the time and effort you gave in completing this form. Please also complete any check lists which accompany this history form.

ATTENTION CHECKLIST

Name _____

Please circle the number corresponding to the degree the following characteristics have been experienced.

	None	Just A little	Pretty much	Very much
Often fails to give close attention to details or makes careless	0	1	2	3

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mistakes in schoolwork, work, or other activities.

Often has difficulty sustaining attention in tasks or play activities	0	1	2	3
Often does not seem to listen when spoken to directly	0	1	2	3
Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace	0	1	2	3
Often has difficulty organizing tasks and activities	0	1	2	3
Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
Often loses things necessary for tasks or activities (in play, school, or work)	0	1	2	3
Is often easily distracted by sounds, noises, movements unrelated to the task at hand (listening in class, studying)	0	1	2	3
Is often forgetful in daily activities	0	1	2	3
Often fidgets with hands or feet or squirms in seat	0	1	2	3
Often leaves seat in classroom or in other situations in which it is inappropriate	0	1	2	3
Often has difficulty playing or engaging in leisure activities quietly	0	1	2	3
Is often "on the go" or often acts as if "driven by a motor"	0	1	2	3
Often talks excessively	0	1	2	3
Often blurts out answers before questions are completed	0	1	2	3
Often has difficulty awaiting turn	0	1	2	3
Often interrupts or intrudes on others	0	1	2	3

How long have the above marked symptoms been evident?

___ by school age (6 or 7) ___ by high school Other:

Does your child show these symptoms in more than one setting (i.e. home, school, public)?

_____ yes _____no

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MOOD RATING SCALE

Name _____

Carefully consider which apply to your child or teenager.
Circle the corresponding number.

Depressed mood (sad, gloomy, forlorn)

1. None
2. Mild
3. Moderate (brief periods of unhappiness or no emotion)
4. Severe (often looks sad or withdrawn)

Weeping

1. None
2. Normal for age
3. Seems to cry more frequently than peers
4. Cries frequently

Self Esteem

1. Child describes self in mostly positive terms
2. Little or no evidence of lowered self esteem
3. Describes self in some positive, some negative terms
4. Positive and negative terms, but mostly negative
5. Refers to self in derogatory terms, or avoids the question

Morbid thinking (death, violence)

1. None apparent
2. Some morbid thoughts - related to actual events
3. Somewhat more than usual morbid thoughts
5. Elaborate or extensive morbid thinking

Suicide and Suicide Ideation

1. None apparent
2. Has thought of suicide - usually when angry
3. Recurrent thoughts of suicide
4. Thinks about suicide and names methods
5. Has recently attempted suicide

Irritability (whining, chip on shoulder, hostility)

1. None
2. Normal amount
3. Occasional-slightly more than normal
4. Episodic - comes and goes
5. Frequent
6. Constant

Schoolwork

1. Performing at or above expected level
2. Not working to capacity or recent disinterest
3. Doing poorly in most subjects or major decline

Capacity to have fun

1. Interests & hobbies appropriate for age
2. Some interests but mostly passive, lacks enthusiasm
3. Easily bored, "Nothing to do"
4. No initiative, watches others or only TV. has to be coaxed to be involved in any activities.

Social Withdrawal

1. Enjoys good friendships with peers
2. Has several friends, not very close
3. Is passive in getting friends
4. Rejects opportunities for interaction
5. Does not relate to other children

Expressive communication

1. Expresses self fairly well
2. Not very talkative, but will talk
3. Withdrawn, very reluctant to talk

Sleep

1. Occasional or no difficulty sleeping
2. Mild but frequent difficulty sleeping
3. Moderate difficulty sleeping almost every night
 - a.. problem getting to sleep
 - b. problem waking at night
 - c. Problem waking in morning

Disturbance of eating

1. No problem
2. Mild____ Too little____ Too much____
3. Moderate____ Too little____ Too much____

Frequent Physical Complaints (head, stomach)

1. No complaints
2. Mild, occasional complaints
3. Frequent complaints,
4. Preoccupies with aches and pains

General Somatic

1. Normal
2. Occasional complaints of fatigue
3. Frequent complaints of being tired

Activity Level

1. Activity at usual level
2. Slight reduction of activity level
3. Activity greatly reduced from usual

Completed by: _____

Comments:

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TAYLOR SCREENING CHECKLIST

Name _____

Please rate your child's natural tendencies for each trait listed.

More Like This	No Trend	More Like This
A.	B.	C.
A quiet person		A noisy and talkative person
Voice volume is soft or average		Voice generally is too loud
Few mouth or body noises		Makes lots of sounds with mouth or body
Walks at appropriate times		Flits around, runs ahead, jumpy
Keeps hands to self		Pokes, touches, feels, grabs
Appears calm, can be still		Always moving, fidgets, squirmy
Can just sit		Has to be doing something; quickly bored
Slow to react; deliberate; not impulsive		Too quick to react, engages mouth or muscles
Understands why parents or teachers are displeased after misbehavior		Feels picked on, is surprised and confused about why others are displeased
Planful; thinks ahead to consequences before acting		Does things without considering consequences
Avoids other children's mischief		Gets involved in mischief; attracted to or starts
Concerned about punishment and consequences		Pretends to have an "I don't care" attitude
Obeys directions and follows orders		Disobeys; needs supervision or reminding
Constant mood with mild or slow mood changes		Mood unpredictable; quick to anger or tears
Easygoing; handles frustration without much anger		Irritable; impatient; easily frustrated
Emotions are reasonable and controlled, are not extreme, and don't disrupt relationships		Emotions are extreme and poorly controlled; no damper on emotion; explosive tantrum-like
Cooperates with, obeys and enforces rules		Argues and gripes about the rules; wants to be the exception
Gives up when denied a requested privilege, item, or activity		Badgers, pesters, won't give up or take no for an answer
Concentrates and blocks out distraction when working on something of medium interest		Easily distracted by noises and people nearby; short attention span
Follows through, has an organized approach		Flits from activity to activity, does not finish things
Does not try to bother or hurt others with words		Needles, teases, has to have the last word

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Most children exhibit, at one time or another, one or more of the symptoms listed below. Place a P next to those that your child has exhibited in the PAST and N next to those that your child exhibits NOW. Only mark those symptoms that have been or are present to a significant degree over a period of time. Only check as problems behavior that you suspect is unusual or atypical when compared to what you consider to be the normal for your child's age.

<input type="checkbox"/>	Thumb-sucking	<input type="checkbox"/>	Insomnia (difficulty sleeping)	<input type="checkbox"/>	Ever trying to avoid responsibility
<input type="checkbox"/>	Baby Talk	<input type="checkbox"/>	Enuresis (bed wetting)	<input type="checkbox"/>	Poor follow through
<input type="checkbox"/>	Overly dependent for age	<input type="checkbox"/>	Frequent nightmares	<input type="checkbox"/>	Low curiosity
<input type="checkbox"/>	Frequent temper tantrums	<input type="checkbox"/>	Night terrors (terrifying night time out bursts)	<input type="checkbox"/>	Open defiance of authority
<input type="checkbox"/>	Excessiveness silliness and clowning	<input type="checkbox"/>	Sleepwalking	<input type="checkbox"/>	Blatantly uncooperative
<input type="checkbox"/>	Excessive demands for attention	<input type="checkbox"/>	Excessive sexual interest and preoccupation	<input type="checkbox"/>	Persistent lying
<input type="checkbox"/>	Cries easily and frequently	<input type="checkbox"/>	Frequent sex play with other children	<input type="checkbox"/>	Frequent use of profanity to parents, teachers, and other authorities
<input type="checkbox"/>	Generally immature	<input type="checkbox"/>	Excessive masturbation	<input type="checkbox"/>	Truancy from school
<input type="checkbox"/>	Eats non-edible substances	<input type="checkbox"/>	Frequently likes to wear clothing of the opposite sex	<input type="checkbox"/>	Runs away from home
<input type="checkbox"/>	Overeating with overweight	<input type="checkbox"/>	Exhibits gestures and intonations of the opposite sex	<input type="checkbox"/>	Violent outbursts of rage
<input type="checkbox"/>	Eating binges with overweight	<input type="checkbox"/>	Frequent headaches	<input type="checkbox"/>	Stealing
<input type="checkbox"/>	Under eating with underweight	<input type="checkbox"/>	Frequent stomach aches	<input type="checkbox"/>	Cruelty to animals, children, and others
<input type="checkbox"/>	Long periods of dieting and food abstinence with underweight	<input type="checkbox"/>	Frequent nausea and vomiting	<input type="checkbox"/>	Destruction of property
<input type="checkbox"/>	Preoccupied with food-- what to eat and what not to eat	<input type="checkbox"/>	Often complains of bodily aches and pains	<input type="checkbox"/>	Criminal and/or dangerous acts
<input type="checkbox"/>	Preoccupation with bowel movements	<input type="checkbox"/>	Worries over bodily illness	<input type="checkbox"/>	Trouble with the police
<input type="checkbox"/>	Constipation	<input type="checkbox"/>	Poor motivation	<input type="checkbox"/>	Violent assault
<input type="checkbox"/>	Encopresis (soiling)	<input type="checkbox"/>	Apathy	<input type="checkbox"/>	Fire setting
		<input type="checkbox"/>	Takes path of least resistance	<input type="checkbox"/>	Little, if any, guilt over behavior that causes others pain and discomfort
				<input type="checkbox"/>	Little, if any, response to punishment

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<p>_____ for antisocial behavior</p> <p>_____ Few, if any, friends</p> <p>_____ Does not seek friendships</p> <p>_____ Rarely sought by peers</p> <p>_____ Not accepted by peer group</p> <p>_____ Selfish</p> <p>_____ Argumentative</p> <p>_____ Does not respect the rights of others</p> <p>_____ Wants things own way with exaggerated reaction if thwarted</p> <p>_____ Trouble putting self in other person's position</p> <p>_____ Egocentric (self-centered)</p> <p>_____ Frequently hits other children</p> <p>_____ Excessively critical of others</p> <p>_____ Excessively taunts other children</p> <p>_____ Ever complaining</p> <p>_____ Is often picked on and easily bullied by other children</p> <p>_____ Suspicious, distrustful</p> <p>_____ Aloof</p> <p>_____ "Wise-guy" or smart aleck attitude</p> <p>_____ Brags or boasts</p> <p>_____ Bribes other children</p> <p>_____ Excessively competitive</p>	<p>_____ Often cheats when playing games</p> <p>_____ "Sore Loser"</p> <p>_____ "Does not know when to stop"</p> <p>_____ Poor common sense in social situations</p> <p>_____ Often feels cheated or gyped</p> <p>_____ Feels others are persecuting him when there is no evidence for such</p> <p>_____ Typically wants his or her own way</p> <p>_____ Very stubborn</p> <p>_____ Obstructionistic</p> <p>_____ Negativistic (does just the opposite of what is requested)</p> <p>_____ Quietly, or often silently, defiant of authority</p> <p>_____ Feigns or verbalizes compliance or cooperation but does not comply with requests</p> <p>_____ Drug abuse</p> <p>_____ Alcohol abuse</p> <p>_____ Very tense</p> <p>_____ Nail biting</p> <p>_____ Chews on clothes, blankets, etc.</p> <p>_____ Head banging</p> <p>_____ Hair pulling</p> <p>_____ Picks on skin</p> <p>_____ Speaks rapidly and under pressure</p>	<p style="text-align: center;"><u>FEARS/PHOBIAS</u></p> <p>_____ Irritability, easily "flies off the handle"</p> <p>_____ dark</p> <p>_____ new situations</p> <p>_____ strangers</p> <p>_____ being alone</p> <p>_____ death</p> <p>_____ separation from parent</p> <p>_____ school</p> <p>_____ visiting other children's homes</p> <p>_____ going away to camp</p> <p>_____ animals</p> <p>_____ other fears (name)</p> <p>_____ Anxiety attacks with palpitations (heart pounding), shortness of breath, sweating, etc.</p> <p>_____ Disorganized</p> <p>_____ Excessive worrying over minor things</p> <p>_____ Tics such as eye blinking, grimacing, or other spasmodic repetitive movements</p> <p>_____ Involuntary grunts, vocalizations (understandable or not)</p> <p>_____ Stuttering</p> <p>_____ Depression</p> <p>_____ Frequent crying spells</p> <p>_____ Suicidal preoccupation, gestures, or attempts</p> <p>_____ Excessive desire to please</p> <p>_____ authority</p>
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<p>_____ "Too Good"</p> <p>_____ Often appears</p> <p>_____ insincere</p> <p>_____ and/or</p> <p>_____ artificial</p> <p>_____ Too mature,</p> <p>_____ frequently</p> <p>_____ acts older</p> <p>_____ than actual</p> <p>_____ age</p> <p>_____ Excessive</p> <p>_____ guilt over</p> <p>_____ minor</p> <p>_____ indiscretions</p> <p>_____ Asks to be</p> <p>_____ punished</p> <p>_____ Low self-</p> <p>_____ esteem</p> <p>_____ Excessive</p> <p>_____ self-criticism</p> <p>_____ Very poor</p> <p>_____ toleration of</p> <p>_____ criticism</p> <p>_____ Feelings easily</p> <p>_____ hurt</p> <p>_____ Dissatisfact-</p> <p>_____ ion with</p> <p>_____ appearance or</p> <p>_____ body part(s)</p> <p>_____ Excessive</p> <p>_____ modesty or</p> <p>_____ exposure</p> <p>_____ Perfectionist,</p> <p>_____ rarely</p>	<p>_____ satisfied with</p> <p>_____ performance</p> <p>_____ Frequently</p> <p>_____ blames others</p> <p>_____ as a cover up</p> <p>_____ for own short</p> <p>_____ comings</p> <p>_____ Little concern</p> <p>_____ for personal</p> <p>_____ appearance or</p> <p>_____ hygiene</p> <p>_____ Little concern</p> <p>_____ for or pride in</p> <p>_____ personal</p> <p>_____ property</p> <p>_____ "Gets hooked"</p> <p>_____ on certain</p> <p>_____ ideas and</p> <p>_____ remains</p> <p>_____ preoccupied</p> <p>_____</p> <p>_____ Compulsive</p> <p>_____ repetition of</p> <p>_____ seemingly</p> <p>_____ meaningless</p> <p>_____ physical acts</p> <p>_____ Shy</p> <p>_____ Inhibited self</p> <p>_____ expression in</p> <p>_____ dancing,</p> <p>_____ singing,</p> <p>_____ laughing, etc.</p> <p>_____ Recoils from</p> <p>_____ affectionate</p>	<p>_____ physical</p> <p>_____ contact</p> <p>_____ Withdrawn</p> <p>_____ Fears</p> <p>_____ asserting self</p> <p>_____ Inhibits open</p> <p>_____ expression of</p> <p>_____ anger</p> <p>_____ Allows self to</p> <p>_____ be easily</p> <p>_____ taken</p> <p>_____ advantage of</p> <p>_____ Frequently</p> <p>_____ pouts and/or</p> <p>_____ sulks</p> <p>_____ Mute (refuses</p> <p>_____ to speak) but</p> <p>_____ can</p> <p>_____ Gullible/naive</p> <p>_____ Passive and</p> <p>_____ easily led</p> <p>_____ Excessive</p> <p>_____ fantasizing,</p> <p>_____ "lives in his</p> <p>_____ (her own</p> <p>_____ world"</p> <p>_____ Flat emotional</p> <p>_____ tone</p> <p>_____ Speech is non-</p> <p>_____ communicative</p> <p>_____ or poorly</p> <p>_____ communicative</p> <p>_____ Hears voices</p> <p>_____ Sees visions</p>
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