



*Susan Rudnicki, Ph.D.*

**Child and Adolescent Client Information**

Name of Child: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male or Female: \_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_

Parent(s)/Legal Guardian(s) Names: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Who Has Legal Custody of the Minor: \_\_\_\_\_

Name of Client's Primary Physician: \_\_\_\_\_

Physician Contact Information: \_\_\_\_\_

Date of Most Recent Physical Exam: \_\_\_\_\_

Who Referred You to Me? \_\_\_\_\_

May I Provide the Referral Source a Thank-You Note for Your Referral?

Yes or No Initial Here: \_\_\_\_\_

If No One Referred You, How Did You Find Out About My Services? \_\_\_\_\_

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

Please describe the problems that currently concern you the most about your child, and when you first had these concerns. You may include strengths and positive qualities as well in your description.

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Have any other adults (e.g. teachers, pediatricians, relatives, etc.) prompted or shared your concerns about your child?

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If you desire to incorporate your religious beliefs and/or practices into treatment, please provide a brief description of your expectations and preferences.

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**Developmental History**

How was mother's health during pregnancy?

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How old was mother when child was born?

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Was regular prenatal care obtained?

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Where any of the following substances or medications used during pregnancy?

Substance	Never	1 or 2 Times	3-9 Times	10-19 Times	20-39 Times	40+ Times
Beer or Wine						
Hard Liquor						
Caffeine (coke, coffee)						
Cigarettes						
Cocaine/Crack						
Heroin						
Marijuana						

Were antibiotics, sleeping pills, Valium, Librium, Xanax, antiseizure meds (e.g. Dilantin, Phenobarbital), treatment for diabetes, or other taken?

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Did mother have toxemia or eclamsia? If so, how was condition treated? Did mother have bleeding during pregnancy? If so, how was condition treated?

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Where there indications of fetal distress during labor or birth?

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What type of delivery? How early or late?

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Where there any health complications during the month following birth? If yes, what complications?

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At what age did the child crawl and walk?

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At what age did the child speak first words? Two or three word sentences?

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At what age was the child *fully* toilet trained? Any problems with current bed-wetting or wetting clothes?

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How would you describe the child's health, hearing, and vision?

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Describe any ongoing difficulties with sleeping or eating your child has shown.

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How is the child's gross motor coordination (e.g. walking, running, jumping)? How is the child's fine motor coordination?

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Has child had any chronic health problems (e.g. allergies, asthma, diabetes)? If yes, please specify.

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Is the child currently taking or previously taken Ritalin, Cylert, anticonvulsants, tranquilizers, antihistamines, other medications? If yes, for how long, what was dosage, and how often was the medicine required?

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Is there any history of physical/sexual/emotional abuse?

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Has the child ever had individual psychotherapy, family with child, residential treatment, group psychotherapy, inpatient evaluation, or treatment at a doctor's office or at school? If yes, for how long? Was the treatment effective? Why or why not?

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**Schooling**

Name of school child is currently attending and grade level.

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Grades earned on last report card.

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Has the child ever been in any type of special education program (learning disabilities, behavioral/emotional disorders class, resource room, speech and language, or other.) If yes, for how long?

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Has the child ever been retained in a grade. If so, what grade and why?

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When was the last time the child was suspended or expelled from school? Explain why.

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**Family & Social**

Who is responsible for disciplining the child?

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What discipline techniques are used to address behavior problems (lectures, time out, a deliberate reward system, physical punishment, take away privileges, give in to child, avoid child, or other)? Which are the most helpful? Which are the least helpful?

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Please list everyone currently living in the child's home:

Name	Relationship	Age	Level of Education	Occupation

Please list other immediate family members living outside the child/adolescent's home:

Name	Relationship	Age	Level of Education	Occupation

Is there any history of psychiatric problems, learning disabilities, or behavior problems in any family members other than this child? If so, please list which members and describe the problem.

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Any other concerns you would like to discuss?

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**Name of person who completed this form**\_\_\_\_\_

**Relationship to the child client:**\_\_\_\_\_

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_

*Thank you for your cooperation in completing this form.*