

## **Developmental History/Current Strengths & Needs**

Today's Date:			
Name of Person(s)/ Completing	Form:		
Relationship(s) to Client (if not	client)		
Personal Information (Comple	ete with Client's Info):		
Name	Date of Birth	Age Gender	
Home Phone	Cell Phone		
Parent's phone (if live with pare	ents- we will only contact if you give	ve consent)	
Email address that you check on	n a daily basis		
Address			
School/Work	Yea	Years attended/worked	
School/Work's phone #:	Adviso	Advisor/Boss	
Client lives with		_Please list names/dates of birth of	
any siblings, if they live with yo	ou		
		often?	
Any pets? Yes/No. Type of peto	(s) and name(s):		
Insurance Coverage:			
	n on our HIPAA compliant online	program with the login and password	
information provided to you.	o o	program with the roger with public word	
momutan provided to you.			
Family Background			
Client's marital status	Date(s)	Date(s)	
If living with parent, parents' m	arital status I	Date(s)	
Do you have a guardian?	Do you have any children	1?	
Any family crisis/emergent situation			
Family's religious preference:	Church/sv	ynagogue attends	
Are you adopted? Yes/No. If ye	es, where and at what age?		
If you answered yes, what inform	mation did you receive about your	adoption, and/or birth family?	
Mother/Parent's name (if clien			
Date of Rirth			
Mother/parent's address (if diffe	— erent than client)		
Education:	Mother's occ	cupation	
Employer Name/Location			
Does Mom/parent travel for wor	rk? How often?	cupation	
Father/Parent's name (if clien	t lives with parents):	Date of Birth	
Father/parent's address (if differ	rent than client)		
Father/parent's occupation	Employer N	ame/Location	
Does Dad/parent travel for work	? How often?	unic/Location	
	Page 1		
	i ago i		

Have there been any recent family/work/health changes? Describe:
How have you been reacting to this/these change(s)?
What activities do you enjoy doing?
Describe your relationship with family members
If you live with your one/both parents, how would you describe parents' relationship with each other?
Describe your mother's/parent's parenting style/approach with you.
Describe your father's/parent's parenting style/approach with you.
Your current tobacco/alcohol/drug use:
Pregnancy/Childbirth Background-If Adopted, Please Complete re: Birth Mom Please list if there were any complications with your birth: Were any medications prescribed to your mother? Yes/No. Their purpose
How much alcohol did your mother consume during pregnancy?Any illicit drugs used during your mother's pregnancy? Yes/No. Name of drug(s)/how often used:
Please list any complications with your mother's conception, pregnancy, childbirth:
Were you born full term?
Health Background
Primary Doctor Phone Dentist Phone
Please describe any physical, medical, or psychological concerns that would be helpful to treatment.
Are there any other family members with a similar background? Who, what, and treatment received.
Any surgeries/injuries (include dates)? Any vision or hearing issues, frequent infections (include approximate ages and frequency), allergies, difficulty with coordination, etc.?
Do you or have you had a medical/psychological diagnosis or Trauma History? Please describe/when?

Do you take medication regularly? Yes/No Name/dosage/Prescribing MD Purpose Date Began Effects of medication Have you ever been hospitalized for psychiatric reasons?\_\_\_\_\_ If so, please give dates, reason, and location: Do you receive any other services or has s/he had any recent evaluations (eg. psychiatric, OT, PT, speech, etc)? Treatment/Eval. (circle) Name of Provider Phone # Dates of Service Purpose T/E **Developmental Background (approximate timing is fine)** Any delays in speech or toilet training as a child? Describe: \_\_\_\_\_\_ How do you handle changes in routine? Please note specific situations in which you become emotional: upset, angry, scared, withdrawn, etc. Describe what, if anything, helps you handle these situations \_\_\_\_\_

How would you describe your temperament/personality?
Describe how you respond to negative feedback/criticism now and in the past:
What are your social strengths/areas for improvement?
How do you make connections with peers, get along with bosses/coworkers, roommates, spouse, etc?
Would you describe yourself as more of an introvert or extravert?
How do you get along with friends?
What kinds of friends are you drawn to?
What time do you typically go to bed? What time do you wake up?
Do you have any issues with falling asleep, staying asleep, etc? Describe
Please describe your eating habits/appetite/hygiene/exercise
School Background
Describe your school experiences
How did you perform academically?
Page 3

How did you perform socially in school?		
How do you feel about school/work?		
What are your career aspirations?Please list comments/concerns expressed by teachers/school staff or employers		
Have you ever received therapy services? Yes/No. Please describe these services (e.g Were they provided individually/in groups? What issues were addressed?)		
When did you receive these services?		
Were services helpful? Why or why not?		
Did you ever receive additional help or services at school? Yes/No. If so, please describe the services received:		
***If you are currently receiving services in an IEP/504 plan, please provide us with a copy, so that we can collaborate on services and help obtain goals as best as we can in this setting.  Strengths/Presenting Problems		
Please describe 3 strengths:		
What concerns do you have?		
What goals/assistance would you like to obtain during social work treatment?		
Anything else you would like to discuss (please feel free to use additional pieces of paper)		
Available times/days for you to come to therapy		

Thank you for taking the time to complete this questionnaire. This information helps us greatly in providing the best services for you and your family member.