Alyssa Steiger, Psy.D.
Clinical Psychologist PSY25784

150 Shoreline Hwy Bldg. B
Mill Valley, CA 94941
(628) 227-6278

Child/Adolescent Information

Minor's Name ______________________ Father's Name ______________

ID/SSN ______________________ Mother's Name ______________

Age _____ Birthdate ______________ Stepfather's Name ______________

School ______________ Grade _____ Stepmother's Name ______________

Father's Occupation ______________________________

Academic difficulties of father (describe) ______________________________

Medical difficulties of father (describe) ______________________________

Mother's Occupation ______________________________

Academic difficulties of mother (describe) ______________________________

Medical difficulties of mother (describe) ______________________________

Are the minor's parents living together? _____Yes _____No
If no, how old was the minor when the parents were separated? _____Years
If parents are separated/divorced, what is the custody arrangement? ______________________________

____

Sibling's Names, Ages ______________________________
(also note living arrangement ______________________________
if different than the minor) ______________________________

Is there any family history of mental health problems? ___Yes ___No If yes, explain ______________

____

Primary language spoken in the home ______________________________
Other languages spoken in the home ______________________________
How well does the minor do in school? (Average grade or GPA) ______________________________
Does the minor have difficulty with any school subjects? ___Yes ___ No

If yes, list which ones ______________________________

Has the minor had any special tutoring or counseling? ___ Yes ___ No

If yes, describe ______________________________

Has the minor ever failed (repeated) any grades? ___ Yes (grade ______) ___ No
Has anyone told you that the minor has a learning disability? ___ Yes ___ No

If yes, what type of learning disability ______________________________

Has anyone ever told you that the minor is hyperactive or had ADD/ADHD? ___ Yes ___ No

Was the minor ever placed in special classes in school? ___ Yes ___ No

If yes, please describe ____

Prenatal History

Did the minor's mother:

Take any medication during pregnancy? ___Yes ___No If yes, list ______________________

Smoke during pregnancy? ___ Yes ___ No If yes, how many cigarettes per day? ____________

Drink alcohol during pregnancy? ___ Yes ___ No If yes, list kind and amount per day ________

____

Use illicit drugs during pregnancy? ___ Yes ___ No If yes, list drugs, amounts, and length of use

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Have prenatal care? ___ Yes ___ No

Feel emotionally unprepared or believe this was an unwanted preganancy? ___ Yes ___ No

Birth History

Were there any problems during the pregnancy? ___ Yes ___ No

If yes, please explain ____

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Were there any problems during labor or delivery? ___ Yes ___ No

If yes, please explain ____

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Was the birth premature? ___ Yes, ___ # of weeks premature ___ No

Were there any birth defects or complications after delivery? ___ Yes ___ No

If yes, please describe ____

Infant Development

At what age did the minor begin to (estimate):

	Yrs	Mos		Yrs	Mos
Sit alone	___	___	Speak first word	___	___
Crawl	___	___	Speak first sentence	____	___
Stand alone	___	___	Become toilet trained	____	___
Walk alone	___	___			

Medical History

	Yes	No		Yes	No
Allergies	___	___	Asthma	____	____
Earaches or infection	___	___	Prolonged fever	_____	____

Head injury	___	___	Seizures/convulsions	___
Extended Hospitalization	___	___	Operations or Surgeries	___
Vomiting spells	___	___	Sustained medications	___
Physical handicaps	___	___	Wetting/soiling pants (after toilet training)	___
Other medical problems (please describe)	___	___		

(please describe) ______________________________

Indicate the frequency of each of the following behaviors:

Social Development	Never	Some-times	Often
Difficulty making friends	____	____	____
Hugs/Cuddles	____	____	____
Very shy	____	____	____
Prefers to be alone	____	____	____
Teases others	____	____	____
Good sport	____	____	____
Fights with others	____	____	____
Cooperates	____	____	____
Shares toys, etc.	____	____	____
Prefers adults to kids	____	____	____
Easily embarrassed	____	____	____
Avoids eye contact	____	____	____
Seems withdrawn	____	____	____

Emotional Development	Never	Some -times	Often
Poor self-esteem	____	____	____
Nail biting	____	____	____
Sucks Thumb	____	____	____
Nervous blinking	____	____	____
Frequent crying	____	____	____
Tantrums	____	____	____
Mood swings	____	____	____
Difficulty controlling emotions	____	____	____
Feelings easily hurt	____	____	____
Excessive worrying	____	____	____
Can't express feelings	____	____	____
Unhappy or depressed	____	____	____

Eating/Sleeping			
Nightmares	____	____	____
Trouble falling asleep	____	____	____
Wets the bed	____	____	____
Good appetite	____	____	____
Eats too much	____	____	____
Grinds teeth during sleep	____	____	____

Personality			
Dependable	____	____	____
Good sense of humor	____	____	____
Independent	____	____	____
Truthful	____	____	____
Energetic	____	____	____
Wants to be perfect	____	____	____
Acts immature	____	____	____
Disobedient	____	____	____

Behavior Problems			
Difficulty paying attention	____	____	____
Disorganized	____	____	____
Hyperactive	____	____	____
Impulsive	____	____	____
Lies	____	____	____
Easily distracted	____	____	____
Daydreams often	____	____	____
Trouble sitting still	____	____	____
Can't complete tasks	____	____	____
Steals	____	____	____

Sets fires	____	____	____	Uses drugs	____	____	____
Aggressive	____	____	____	Frustrates easily	____	____	____
Argumentative	____	____	____	Acts young for age	____	____	____
Excitable	____	____	____	Stubborn	____	____	____
Poor coordination	____	____	____				

Family Stressors

Please check any of the following events that have occurred in your family or to your child. Mark a "P" for events that have occurred earlier than 1 year ago.

______ Loss of job by parent
______ Discovery of being adopted
______ Child changes schools
______ Marital separation or divorce
______ Child acquires a visible deformity
______ Mother beginning to work
______ Death of a parent
______ Birth of brother or sister
______ Child is a victim of violence
______ Addition of new adult to family
______ Natural disaster
______ Sexual abuse
______ Physical neglect
______ Physical abuse
______ Emotional abuse
______ Emotional neglect
______ Family member in serious trouble with the law
______ Death of a close family member/friend other than parent
______ Other trauma (please describe)

Please describe the minor *(include your assessment of strengths, weaknesses, positive qualities, negative traits, interests, hobbies, leisure activities and anything else you think is important for me to know)*

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