

**ALICE SHELA TREVES, MSW, LCSW**  
**Individual, Family and Group Psychotherapy**

**Patient History- Child**

Name \_\_\_\_\_ Date \_\_\_\_\_ DOB \_\_\_\_\_  
School \_\_\_\_\_

**A. Treatment and Assessment History**

1. Previous Mental Health Treatment
  
  
  
  
  
  
  
  
  
  
2. Psychological Testing: Yes ( ) No ( ) If yes, date of testing \_\_\_\_\_
3. Educational Testing: Yes ( ) No ( ) If yes, date of testing \_\_\_\_\_
4. Presenting Complaint:

**B. Developmental History**

1. Adopted: Yes ( ) No ( ) If yes at what age \_\_\_\_\_
2. Pregnancy (labor, delivery, Apgar score, pregnancy or labor complications)
  
  
  
  
  
  
  
  
  
  
3. 1<sup>st</sup>-2<sup>nd</sup> Year (breast or bottle, activity level, thumb or pacifier use, favorite toys, stranger anxiety, sleep and eating patterns)
  
  
  
  
  
  
  
  
  
  
5. Toilet Training (temper tantrums, discipline, expression of frustration or anger)

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6. Preschool or Day Care (age, separation from parents, teacher reports, peer play)

7. Favorite toys and activities

8. Hobbies, athletics, art, drama, music

C. School History (please discuss friendship patterns, parental relationships, academic performance, attention and concentration, psychomotor development)

1<sup>st</sup> Grade

3<sup>rd</sup> Grade

6<sup>th</sup> Grade

High School

Overall Study Habits:

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D. Social History

1. Relationship with mother:

2. Relationship with father:

3. Relationship with Siblings:

4. Peer relationships:

5. Teacher relationships:

E. Family History

1. Limit Setting and discipline in the family (permissive, authoritarian, consistent or not)

2. Mental health history (include immediate and extended family i.e. aunts and uncles, grandparents)

a) History of depression in family? Yes ( ) No ( ) If yes, please explain

b) History of anxiety in family? Yes ( ) No ( ) If yes, please explain

c) History of Bipolar in family? Yes ( ) No ( ) If yes, please explain

d) Other? (use back of page if necessary)