

Crossroads Counseling, PLLC

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Biographical Information Form - Child

Instructions: To assist us in helping your child, please fill out this form as fully and openly as possible. All private information is held in strictest confidence within legal limits. If certain questions do not apply to the child, leave them blank.

Information supplied by: _____ Relationship: _____

Personal History

Child's name: _____ Age: _____ Gender: ___M ___F

Today's Date: _____ Date of birth: _____ Year in school: _____

Home phone: _____ Other phone (specify): _____

Has the child been involved in previous counseling? ___ Yes ___ No If Yes, please briefly describe: _____

Why is the child coming to counseling? _____

How long has this problem persisted? _____

What medications (and dosages) is your child taking at the present, and for what purpose?

Medication:	Dosage:	Purpose:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family History

Is the child adopted or raised with parents other than biological parents? ___ Yes ___ No

What is the family relationship between the child and his/her custodial parents?

___ Single parent mother	___ Single parent father	___ Parents unmarried	___ Parents married, together
___ Parents divorced	___ Parents separated	___ With mother and stepfather	___ With father and stepmother

___ Child adopted ___ Other, please describe: _____

Is there a history or recent occurrence(s) of child abuse to this child? ___ Yes ___ No

If Yes, which type(s) of abuse? ___ Verbal ___ Physical ___ Sexual

Behaviors of Concern

Please check how often the following behaviors occur. Those occurring FREQUENTLY or of special concern may be described below:

Loses temper easily	___ Never	___ Rarely	___ Sometimes	___ Frequently
Argues with adults	___ Never	___ Rarely	___ Sometimes	___ Frequently
Refuses adults' requests	___ Never	___ Rarely	___ Sometimes	___ Frequently
Deliberately annoys people	___ Never	___ Rarely	___ Sometimes	___ Frequently
Blames others for own mistakes	___ Never	___ Rarely	___ Sometimes	___ Frequently
Angry/resentful	___ Never	___ Rarely	___ Sometimes	___ Frequently
Bullies/teases others	___ Never	___ Rarely	___ Sometimes	___ Frequently
Initiates fights	___ Never	___ Rarely	___ Sometimes	___ Frequently
Uses a weapon	___ Never	___ Rarely	___ Sometimes	___ Frequently
Physically cruel to people	___ Never	___ Rarely	___ Sometimes	___ Frequently
Physically cruel to animals	___ Never	___ Rarely	___ Sometimes	___ Frequently
Stealing	___ Never	___ Rarely	___ Sometimes	___ Frequently
Forced sexual activity	___ Never	___ Rarely	___ Sometimes	___ Frequently
"Cons" other people	___ Never	___ Rarely	___ Sometimes	___ Frequently
Runs away from home	___ Never	___ Rarely	___ Sometimes	___ Frequently
Truant at school	___ Never	___ Rarely	___ Sometimes	___ Frequently
Doesn't pay attention to details	___ Never	___ Rarely	___ Sometimes	___ Frequently
Does not listen when spoken to	___ Never	___ Rarely	___ Sometimes	___ Frequently
Doesn't finish chores/homework	___ Never	___ Rarely	___ Sometimes	___ Frequently
Difficulty organizing tasks	___ Never	___ Rarely	___ Sometimes	___ Frequently
Loses things	___ Never	___ Rarely	___ Sometimes	___ Frequently
Easily distracted	___ Never	___ Rarely	___ Sometimes	___ Frequently
Fidgety/squirmy	___ Never	___ Rarely	___ Sometimes	___ Frequently
Hyperactive	___ Never	___ Rarely	___ Sometimes	___ Frequently
Poor grades in school	___ Never	___ Rarely	___ Sometimes	___ Frequently
Expelled from school	___ Never	___ Rarely	___ Sometimes	___ Frequently
Drug abuse	___ Never	___ Rarely	___ Sometimes	___ Frequently
Alcohol consumption	___ Never	___ Rarely	___ Sometimes	___ Frequently
Depression	___ Never	___ Rarely	___ Sometimes	___ Frequently
Shy/avoidant/withdrawn	___ Never	___ Rarely	___ Sometimes	___ Frequently
Suicide threats/attempts	___ Never	___ Rarely	___ Sometimes	___ Frequently
Fatigued	___ Never	___ Rarely	___ Sometimes	___ Frequently
Excessive worrying	___ Never	___ Rarely	___ Sometimes	___ Frequently
Sleep disturbance	___ Never	___ Rarely	___ Sometimes	___ Frequently
Mood shifts	___ Never	___ Rarely	___ Sometimes	___ Frequently

List the behaviors that you would like to see change: _____

Any additional information that you believe would be helpful: _____

