

Child's Name: _____ Date: _____

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PSYCHOSOCIAL HISTORY

Child's Name: _____ Parent(s) Name(s): _____
Child's DOB: _____ Address: _____
Age: _____
Phone #s: _____
Email: _____
Referred by: _____
Emergency Contact information: _____
Emergency Contact Information: _____

Reason for referral/presenting problems:

Current services received: *Please list any services your child currently receives*

School: *Please list current and past schools if applicable*

Previous evaluations: *Please list all evaluations your child has received*

Pregnancy: *(include any difficulties, any medications, full-term vs. premature)*

Birth history: *(include any complications, type of birth, length of stay in hospital)*

Medical History: *(please note the history of any of the following for your child)*

- Allergies (if yes, include how treated):
- Seizures (if yes, include how treated):
- Hospitalizations (if yes, include why, for how long):
- Asthma (if yes, include how treated):

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- Ear Infections (if yes, include how many and how treated):
- Current Medications (indicate name, dosage, reason, and prescriber):
- Previous Medications (for the purposes of treating social/emotional/behavioral challenges):
- Please indicate any alternative treatments (e.g., homeopathic remedies, vitamin therapy, listening programs, etc.) (indicate name, when started, reason, and prescriber):
- Please note whether any mental health or developmental disabilities occur in your family (including both parents' sides of the family):

Sensory processing

Is your child overly sensitive to certain things (*circle all that apply*)? SOUNDS LIGHTS COLORS
TEXTURES TASTES
SMELLS SWINGING HUGS

Is your child under reactive to certain things? That is, does he/she not respond to? (*circle all that apply*)
SOUNDS PAINFUL STIMULI

Does your child engage in any of the following behaviors? (*circle all that apply*)
SPINNING ROCKING HAND-FLAPPING STARING AT LIGHTS

Does your child engage in any unusual behaviors? (If yes, please describe):

Social-Emotional Development

How would you describe your child's personality? _____

How does your child/teen interact with peers?

Does your child have playdates/time with friends? How does he/she do?

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Does your child participate in after-school activities and/or extracurricular activities? If so, what?

How does your child/teen interact with you?

How does your child/teen respond when he/she is asked to do something he does not want to do?

How does your child/teen respond to new or unfamiliar situations?

Does your child display any fears?

Describe your child's ability to deal with daily life skills:

What are your child's strengths?

What is most challenging to your child?

Family:

Family Constellation: *(who lives at home with your child? Please include ages of all household members)*

Parents' occupations (if any):

Size of home: *Please include where child sleeps; if he/she shares a room*

If this is a foster home, please describe visitation (if any) schedule with biological parent(s):

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If child was adopted, please indicate date of adoption, where child was adopted from, any contact with birth parents

Family stressors: *Are there any stressors in the family, such as loss of job, new baby, death of family member, etc.*

Recent changes: *Have there been any changes in the home environment in the past 6 months (e.g., divorce/separation, new home, etc.)?*

Have there been any changes in the school environment in the past 6 months (e.g., new teacher; new classroom, etc.)?

Does the family receive any formal support (food stamps)?

Home Language(s): *If two or more languages are spoken; please indicate which language is spoken most often:*

Ethnicity/Culture: *(both parents)*

Family/Community Support

Who are the primary supports for you and your child? Extended family? School? Community?

Is a religious institution or other organization/community members important to your family?

Where do parents' extended families reside?

Parenting

How would you describe your parenting style?

What is currently the most challenging aspect of your child or teen's functioning for you?

Are there any cultural or other values that are important to you and would be useful for me to know about?