



THE SIBLEY GROUP

Positive psychotherapy for families, couples & adults

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Information/History Form

Date: _____

Client Name _____

Date of Birth _____

Person completing this form _____

Relationship to client _____

What is your main concern and area of focus at this time for counseling?

What would you like to achieve during your sessions?

Please complete these questions about your child:

Where was your child born and raised? _____

What have his/her experiences been growing up? (i.e. grades, interests, peers, problems)

Elementary School: _____

Middle School: _____

High School: _____

College/Graduate: _____

What is your child's academic history?

Are there learning challenges?

What are your family relationships like currently?

Child/Parent:

Child/Parent:

Child/Siblings:

Other/Extended Family

What are your child's hobbies/interests?

What experiences has your child had with alcohol/drugs, loss, or trauma?

What do you consider your child's strengths?

What do you consider your child's challenges?

Please describe any relevant childhood developmental information in your child's first few years of life (and/or parents) (i.e. adoption information, infertility issues, post-partum return-to-work plan including anxieties or depression, major transitions/disruptions/losses, if applicable):

What was infancy and toddlerhood like with your child (i.e. feeding, sleeping, temperament, toileting, mood, activity level)?

What has been your child's most challenging and most enjoyable ages?

Has your child had any medical or health problems (allergies, surgery, hospitalizations, etc.) or taken any medications?

Describe your child's friendship and dating relationship experiences in elementary school, middle school, or high school (as applicable):

Please circle the **concerns, behaviors and/or positive traits** that fit most for your child:

Affectionate	Hard-working	Perfectionist
Concern for others	Cries easily	Sensitive
Mature	Helpful	Procrastinates
Moody	Avoids	Obedient
Work problems	Nightmares	Fearful
Sleep problems	Works too much	Anxious
Lying	Independent	Friendly, social
Eating problems	Difficulty with rules	Conflicts with parents
Immature/dependent	Drug/alcohol use	Fighting
Inattentive	Angry	Daydreams
Withdraws/isolate	Liked by peers	Successful
Irritable	Legal problems	Complaints of feeling sick
Learning disability	Nervous	Negative
Recent move/change	Responsible	Reliable
Conflict with spouse	Motivated	Fun
Rocking/repetitive movements	Self-harming behaviors	Loyal
Peer conflicts	Temper tantrums/rages	Shy/timid
Sad	Sexual problems/concerns	School avoidance
Teased	Loving	Athletic
Musical	Artistic	Lethargic
Smart	Uncoordinated/accident-prone	Tics
Talented	Suicide talk or attempt	Flexible

Family History

What are your family's strengths?

What are your family's challenges?

How does your family express affection?

How does your family manage conflict?

What does an average day look like for your family? _____

Please check the stressors or supports that apply to your immediate or extended family:

<input type="checkbox"/>	Stress
<input type="checkbox"/>	Divorce/Separation/Marital Conflict
<input type="checkbox"/>	Recent/Significant death in the family
<input type="checkbox"/>	Shared household responsibilities
<input type="checkbox"/>	Good Childcare
<input type="checkbox"/>	Church/community involvement
<input type="checkbox"/>	Recent move/major life change

<input type="checkbox"/>	Loss, trauma, illness/health problems
<input type="checkbox"/>	History of domestic violence or abuse
<input type="checkbox"/>	History of substance abuse or mental health problems
<input type="checkbox"/>	Strong support system or extended family
<input type="checkbox"/>	Positive employment
<input type="checkbox"/>	Financial Stressors

What are 3 goals for your family at this time?

1. _____
2. _____
3. _____

What are 3 things you have tried in your family already?

1. _____
2. _____
3. _____

Parent History

Parent's Name: _____ Age: _____

Where were you born and raised? _____

What significant moves did you have growing up? _____

List an early memory: _____

What were your experiences growing up? (i.e. grades, interests, peers, problems)

Elementary School: _____

Middle School: _____

High School: _____

College/Graduate: _____

Do you or anyone in your family have any history of mental illness and/or any experience in therapy?

When did you go through puberty and how was adolescence? _____

What was your relationship like with your mother? _____

What was your relationship like with your father? _____

What was your parent's relationship like? _____

Are there other significant adults who were involved in your life? _____

What have been your experiences with alcohol/drugs, loss, or trauma?

What has been your experience with your work/professional life?

Have you had any marital separations, divorces or remarriages?

What do you consider your strengths as a parent and/or partner?

What do you consider your challenges as a parent and/or partner?

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