



**Developmental 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:

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Child/Parent:

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Child/Siblings:

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Other/Extended Family

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What are your child's hobbies/interests?

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

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What do you consider your child's strengths?

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What do you consider your child's challenges?

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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):

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

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

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

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

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

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

## Family History

What are your family's strengths?

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What are your family's challenges?

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How does your family express affection?

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How does your family manage conflict?

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What does an average day look like for your family? \_\_\_\_\_

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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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