SYNERGETIC PLAY THERAPY INSTITUTE™

Child Information Form

Child's Information

Name _____ Age _____ Gender_____ Date of Birth _____

School _____ City _____ Grade _____ Teacher_____

Guardian Information

☐ Married ☐ Dating ☐ Widowed ☐ Living with partner but not married ☐ Separated/Divorced

Date of Separation/ Divorce_____

Name of Child _____ Age _____ Gender_____ Date of Birth _____

Divorce Arrangement **Legal Custody** ☐ Joint☐ Sole ☐ None **Physical Custody**_____

Address _____ City _____ State _____ Zip_____

Phone _____ Email _____

Name _____ Age _____Gender_____ Date of Birth _____

Divorce Arrangement **Legal Custody** ☐ Joint☐ Sole ☐ None **Physical Custody**_____

Address _____ City _____ State _____ Zip_____

Phone _____ Email _____

Other People in Child's Home(s)

Name _____ Age _____ Gender_____ Relationship _____

Name _____ Age _____ Gender_____ Relationship _____

Name _____ Age _____ Gender_____ Relationship _____

Name _____ Age _____ Gender_____ Relationship _____

Child Care Providers (if applicable)

Name _____ Age _____ Gender_____ Relationship _____

Name _____ Age _____ Gender_____ Relationship _____

Major Concerns

Please describe, in your own words, your concerns about your child and the reasons that you are seeking help.

_____

_____

_____

_____

When were these difficulties first noticed? Please explain as fully as possible._____

_____

_____

_____

Previous Professional Assistance *(with these issues)*

Agency/ Professional _____ Dates _____ Type _____

Agency/ Professional _____ Dates _____ Type _____

What matters most to your child? _____

Describe your child's strengths _____

Special Concerns

Please check any past or present concerns about your child:

☐ Fears	☐ Destructiveness	☐ Eating	☐ Activity level	☐ Anxiety
☐ Coordination	☐ Temper tantrums	☐ Sexual activity	☐ Lying	☐ Truancy
☐ Stealing	☐ Response to discipline	☐ Fire Setting	☐ Peer Relationships	☐ Tics
☐ Thumb sucking	☐ Play Behavior	☐ Alcohol/Drugs	☐ Other _____	

Please elaborate on any concerns that you have about any of the difficulties listed _____

Describe any known neglect or abuse (physically or sexually) your child has experienced _____

Medical History

Please describe your child's general health _____

Please list **any** medication that your child currently takes and what it is for (where applicable give the name of the prescribing physician)

Please describe any serious illnesses, accidents, or injuries _____

Please describe any conditions that require regular medical care _____

Have any of your child's blood relatives or caretakers struggles with any of the following:

ADHD	☐ yes	☐ no	Relationship _____	Learning Disabilities	☐ yes	☐ no	Relationship _____
Depression	☐ yes	☐ no	Relationship _____	Alcohol/Drugs	☐ yes	☐ no	Relationship _____
Suicide	☐ yes	☐ no	Relationship _____	Anxiety	☐ yes	☐ no	Relationship _____ Rage
	☐ yes	☐ no	Relationship _____	OCD Tendencies	☐ yes	☐ no	Relationship _____

Childhood History

Was your child planned/wanted? Please explain _____

Pregnancy and Birth History (please include any trauma, medication by mother, unusual emotional strain, alcohol/drug use, complications, etc.)

☐ Early ☐ Premature ☐ Late ☐ Cesarean ☐ Induced labor ☐ Forceps ☐ Breech ☐ Epidural
☐ Anesthesia ☐ Blue Baby ☐ Other Medication ☐ Other complications_____

Postnatal History (Describe the time immediately following birth: feeding, incubation, injury, illness, etc.) _____

Please describe your child's ability to be soothed as a child before the age of 1 (ex. Hard to be soothed, cried a lot, slept a lot and rarely needed help being soothed, etc)

Please describe your child's academic strengths_____

Does your child prefer the company of adults to other children? ☐ Yes ☐ No
Does your child have at least one best friend? ☐ Yes ☐ No What is the friend's age?_____

How do school teachers and non-family members describe your child?_____

Family/Relationship History Please check any current struggles in the family

☐ Physical health of family member(s) ☐ Marital problems ☐ Mental health of family member(s)
☐ Separation or Divorce ☐ Death of family member/pet ☐ Prolonged Absence
☐ Differences in child rearing ☐ Drinking/Drug abuse ☐ Other _____

Please elaborate on any concerns that you have about any of the difficulties listed_____

Briefly describe this child's behavior at home_____

How does this child get along with siblings_____

Describe any special activities that the family does together_____

Guardian Social History (Description of significant life events in a guardian's family or origin i.e. discipline style, history of drug/alcohol use, employment history, legal involvement, education, moves, abuse, etc.)

Goal(s) for child's therapy and/or family change

Signatures of guardian(s) who completed this form

Signature

Date