

Lyris Bacchus Steuber, MS, LMFT – MT 2075  
515 Harley Lester Lane  
Apopka, FL 32703  
Ph: 407-417-7770, Fax: 407-862-4820

Please complete the following so I can have a better understanding of how I can help your child. Complete one for each child to be seen.

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_  
School: \_\_\_\_\_ Phone: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

**Academic History**

How does your child do in school academically? \_\_\_\_\_  
\_\_\_\_\_

How does your child do in school behaviorally? \_\_\_\_\_  
\_\_\_\_\_

Is there a history of school failure, suspensions? \_\_\_\_\_  
\_\_\_\_\_

**Medical & Developmental History**

Does your child have a learning or physical disability? \_\_Y, \_\_N, \_\_Maybe. Specify: \_\_\_\_\_  
\_\_\_\_\_

Does your child have a mental health diagnosis? \_\_Y, \_\_N, Specify: \_\_\_\_\_  
\_\_\_\_\_

During pregnancy, did mother use: \_\_ Cigarettes, \_\_ Alcohol, \_\_ Drugs, \_\_ Experience Extreme Stress?  
Specify frequency, amounts, and duration: \_\_\_\_\_

List any birth complications (Ex: Premature, jaundice, C-section, etc.) \_\_\_\_\_  
\_\_\_\_\_

List any Medical conditions or history (Ex: Surgeries, broken bones, allergies, etc.) \_\_\_\_\_  
\_\_\_\_\_

Does child use: \_\_ Cigarettes, \_\_ Alcohol, \_\_ Drugs  
Specify amount and frequency: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Last seen on: \_\_\_\_\_

Current medications: (Include dosage and frequency): \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

In the first two years, did your child experience:  Separation from mother,  Out of home care,  
 Disruption in bonding,  Depression of mother,  Abuse,  Neglect,  Chronic pain,  
 Chronic Illness,  Parental Stress

If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Reached developmental milestones:  On time,  Early,  Late

How many times has the child moved homes? \_\_\_\_\_

What are five adjectives that describe:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Child: \_\_\_\_\_

Parental Relationship: \_\_\_\_\_

**Family History**

Biological Mother: \_\_\_\_\_ DOB: \_\_\_\_\_ Biological Dad: \_\_\_\_\_ DOB: \_\_\_\_\_  
 /  /  Married  /  /  Separated  /  /  Divorced

Siblings (1<sup>st</sup> to last):

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Custodial Adults (If not biological parents):

Dad: \_\_\_\_\_ DOB: \_\_\_\_\_

Mom: \_\_\_\_\_ DOB: \_\_\_\_\_ Date became caretaker: \_\_\_\_\_

People in household, if different from above: \_\_\_\_\_  
\_\_\_\_\_

Does father work outside of the home?  Y,  N; Occupation: \_\_\_\_\_ Hours: \_\_\_\_\_

Father's highest level of education: \_\_\_\_\_

Does mother work outside of the home?  Y,  N; Occupation: \_\_\_\_\_ Hours: \_\_\_\_\_

Mother's highest level of education: \_\_\_\_\_

Who has custody? \_\_\_\_\_

If separated or divorced, visitation schedule: \_\_\_\_\_

Does either parent have legal issues? \_\_\_\_\_

If there any conflict in the family? \_\_\_\_\_  
\_\_\_\_\_

Does your family have any specific spiritual beliefs? \_\_\_\_\_

List any history of mental illness or addiction in immediate or extended family (Ex: Depression, anxiety, bi-polar disorder, suicide attempts, alcoholism, drugs, ADHD, schizophrenia, etc.): \_\_\_\_\_

Have children witnessed domestic violence? \_\_Y, \_\_N, Specify: \_\_\_\_\_

How is your child disciplined? Please list each method and frequency of use: \_\_\_\_\_

Has your child ever been arrested? \_\_Y, N\_\_, Specify: \_\_\_\_\_

**Symptom & Trauma History**

Has your child been verbally abused? \_\_Y, \_\_N, \_\_Suspected. Specify: \_\_\_\_\_

Has your child been physically abused? \_\_Y, \_\_N, \_\_Suspected. Specify: \_\_\_\_\_

Has your child been sexually abused? \_\_Y, \_\_N, \_\_Suspected. Specify: \_\_\_\_\_

Other stressors or traumas? \_\_\_\_\_

Circle the symptoms your child displays and list the number of times per week symptom is displayed:

- |                         |                     |                               |
|-------------------------|---------------------|-------------------------------|
| Anger                   | Anxiety             | Acts out sexually             |
| Conduct problems        | Controlling         | Has unusual sexual knowledge  |
| Day wetting             | Defiance            | Homicidal thoughts or actions |
| Disassociates           | Drug or alcohol use | Hyperactivity                 |
| Masturbates             | Hyper vigilance     | Impaired conscience           |
| Isolation               | Lack of empathy     | Lack of motivation            |
| Lethargy                | Low impulse control | Plays out violent themes      |
| Low self-esteem         | Lying               | Nightmares                    |
| Plays out sexual themes | Obsesses            | Over/Under eating             |
| Phobias                 | Peer problems       | Running Away                  |
| Shy                     | Sleeplessness       | Stealing                      |
| Tantrums                | Cries Excessively   | Negative Self-statements      |
| Physical Aggression     | Truancy             | Fearful                       |
| Bedwetting              | Day Defecation      | Depression                    |

Somatic Symptoms: Headaches/Stomachaches, etc.

Other: \_\_\_\_\_

How does your child handle anger? \_\_\_\_\_

Has the child experienced any significant loss? If yes, explain: \_\_\_\_\_

What do you view as your child's major strengths and positive traits? \_\_\_\_\_

What are your child's hobbies? \_\_\_\_\_

Briefly describe your goals for your child's therapy: \_\_\_\_\_

Please list any other information therapist needs to know: \_\_\_\_\_

*I have answered all questions to the best of my ability and attest the above information is true. If another parent has custody of my child I will inform that parent of my desire to seek counseling for my child and will obtain his or her consent.*

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_