

Parent Information (*If deceased, please note date and cause*)

Father's Name: _____ **Age:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Fax:** _____

Cell: _____ **E-Mail:** _____ **Occupation:** _____

Highest Grade Completed: _____ **Social Security Number:** _____

Religious Affiliation (Denomination): _____

Mother's Name: _____ **Age:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Fax:** _____

Cell: _____ **E-Mail:** _____ **Occupation:** _____

Highest Grade Completed: _____ **Social Security Number:** _____

Who currently has custody of this child? _____

Religious Affiliation (Denomination): _____

Stepfather's Name: _____ **Age:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Fax:** _____

Cell: _____ **E-Mail:** _____ **Occupation:** _____

Highest Grade Completed: _____ **Social Security Number:** _____

Religious Affiliation (Denomination): _____

Stepmother's Name: _____ **Age:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Fax:** _____

Cell: _____ **E-Mail:** _____ **Occupation:** _____

Highest Grade Completed: _____ Social Security Number: _____

Religious Affiliation (*Denomination*): _____

Please give the following information for each member of your family who lives in your home and/or immediate family members:

NAME	AGE	RELATION	CURRENTLY LIVING WITH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Person to Notify in case of an emergency (*other than parents*)

Name: _____ Phone: _____

Name: _____ Phone: _____

Social History (*Please describe the personality of your child in the following phases*)

Birth to six years old: _____

Six to Twelve: _____

Twelve to present: _____

Present Problems

What are your child's current behavioral problems? _____

What are your child's current emotional problems? _____

What is currently being done about these problems? _____

Family Relationships

Please describe your child's past and present relationship with:

Father: _____

Mother: _____

Stepfather: _____

Stepmother: _____

Siblings: _____

Please describe any other significant relationships with family members you child may have: _____

Is there any history of emotional, medical, or physical problems in the family? _____

Divorce/Separation History

Are parent's divorced? _____ If yes, when? _____ How old was you child at the time? _____

How has the divorce been an issue for your child? _____

Who has custody of you son/daughter? _____

Any past or current divorce/custody battles? _____

Have parents remarried? _____ If yes, who and when? _____

Has the remarriage been an issue for you child? _____

Has the child or family had history of relocation? _____ If yes, date and reason: _____

Effects on your son/daughter: _____

Adoption

Was your son/daughter adopted? _____ If yes, when? _____ Age? _____

Where was your child adopted from? _____

Did you child have any previous adoption homes? _____ If yes, how many? _____

Were there any special circumstances leading up to the adoption? Explain: _____

Has the adoption been an issue for your child? _____

Do they know information about their biological parents? _____

Have the biological parents been involved? _____ If so, how and when? _____

Behavioral History

Has you child ever demonstrated aggressive or violent behavior? _____ If yes, please explain: _____

Has your child had any involvement with the legal system? _____ If yes, please explain: _____

Has your child ever talked about, threatened, or tried to commit suicide? _____ If yes, please explain: _____

History of self-mutilation: _____

Has he/she had any changes in behavior and/or mood? (*sad, anxious, withdrawn, angry, etc.*) _____

When did these changes occur? _____

Has he/she had any abnormal thoughts? _____

Please describe the history of any specific disorder (*depression, behavioral, eating disorders, etc.*) that your child has had: _____

Please check any of the following characteristics that applied to your child growing up or currently. If current behavior please denote with a C:

	Shy or Timid		Strange thoughts
	Withdrawn		Difficult to Control
	Daredevil behavior		Often aggressive towards others
	Bedwetting		Loner
	Cruel to animals		Destructive
	Played with fire		Disliked being touched
	Basically an unhappy child		Restless
	Witness to violence/abuse		Let self be pushed around
	Fear of losing control		Gang involvement
	Verbal/emotional abuse		Physical abuse
	Other		Other

If your child has ever run away, please answer the following questions:

How many times has your child run away: _____ When? _____ Alone? _____ With whom? _____

How long was your child gone? _____

Did your child telephone home? _____

Distance traveled _____ City _____ State _____

Stay with relatives? _____ With friends? _____

How were his/her needs met (*stealing, pan-handling, friends, other*)? _____

What was the reason for running away? _____

Explain circumstances of your child's return home: _____

Was your child involved in illegal activities? _____ If yes, describe in detail: _____

Runaway Information

Hair Color _____ Eye Color _____ Birthmarks, Scars, Tattoos _____

Please list friends or relatives your child might try to contact (*include phone numbers*) _____

Social Relationships

Please explain.

Does your child make friends easily, or have difficulty making friends? _____

Does your child prefer to be alone? _____

Does your child get along well with others? _____

Does your child have more friends his own age, or older or younger? _____

Does your child have more friends of the same sex, or the opposite sex? _____

Has your child recently changed friend groups, or stopped hanging out with long time friends? _____

What type of peer group does your child spend time with? _____

What your feelings about these choices? _____

Sexual History

To your knowledge has your child been sexually active? (*please describe history, frequency, patterns, births, abortions, etc.*) _____

To your knowledge has your child had any sexual problems? _____

Has your child exhibited any sexual identity issues and/or inappropriate sexual behavior (*i.e. sexual acting out or perpetration*)? _____

To your knowledge has your child ever been sexually abused or raped? _____

HISTORY OF ABUSE (SEXUAL, PHYSICAL, AND EMOTIONAL)

*Specify whether victim or offender

Specific History of Abuse (*Please list the Dates, Duration, Frequency, Treatment*)

Incest: _____

Rape: _____

Molestation: _____

Sexual Perpetration: _____

Physical Abuse: _____

Verbal/Emotional Abuse: _____

Neglect: _____

Legal measures taken: _____

Child's behavior, attitude and defense exhibited: _____

Degree of family involvement in the child's abuse treatment: _____

Substance Abuse Use

Has your child ever used tobacco, drugs or alcohol? _____ Please describe history, usage, frequency, types, interventions, etc. _____

Family history of substance abuse: _____

Current substance **use**, not necessarily abuse in the home (*including tobacco and alcohol*) _____

Medical Information

Please list all doctors and other professionals (*i.e. general physicians, psychiatrist, psychologists, education, etc.*) who have examined and or treated your child (*please use additional paper if needed*):

Name: _____

Address: _____

Nature of Services: _____

Age when seen: _____ Date seen (mm/yy): _____

Name: _____

Address: _____

Nature of Services: _____

Age when seen: _____ Date seen (mm/yy): _____

Name: _____

Address: _____

Nature of Services: _____

Age when seen: _____ Date seen (mm/yy): _____

Medication

Allergies: _____

Please list any past/present medications (*use additional paper if needed*):

Medication: _____

Doctor Prescribing: _____

Reason for prescribing: _____

Reason for discontinuing/Side-effects: _____

Dates: _____

Medication: _____

Doctor Prescribing: _____

Reason for prescribing: _____

Reason for discontinuing/Side-effects: _____

Dates: _____

Medication: _____

Doctor Prescribing: _____

Reason for prescribing: _____

Reason for discontinuing/Side-effects: _____

Dates: _____

Medication: _____

Doctor Prescribing: _____

Reason for prescribing: _____

Reason for discontinuing/Side-effects: _____

Dates: _____

To adequately understand the parent/child relationship and its impact on the child, it is very important that we know of any family therapy. Please list all psychiatric, psychological and/or marriage and family therapy in which the family members have participated:

Name of Therapist: _____

Address: _____

Nature of Services: _____

What was addressed: _____

Frequency: _____ Dates: _____ Duration: _____

Family members who participated: Father _____ Mother _____ Child _____ Other siblings _____

Name of Therapist: _____

Address: _____

Nature of Services: _____

What was addressed: _____

Frequency: _____ Dates: _____ Duration: _____

Family members who participated: Father _____ Mother _____ Child _____ Other siblings _____

Name of Therapist: _____

Address: _____

Nature of Services: _____

What was addressed: _____

Frequency: _____ Dates: _____ Duration: _____

Family members who participated: Father _____ Mother _____ Child _____ Other siblings _____

Please list any past/present medical concerns or conditions of family members which may affect your child or family relationships: _____

Additional Information

Have there been any unusual circumstances in the child's life, which have been hard for him/her to accept?

Have there been any deaths of family or friends that have greatly impacted your child?

What does **your child** believe his current problem to be?

What are your expectations of placement at Heartlight?

What do you see as your child's estimated length of stay?

How do you plan to be involved in your child's growth while he/she is at Heartlight?

What is your child's perception of being placed at Heartlight?

What do you see as your child's- and ultimately your family's- goal of sending him/her to Heartlight?

What are your child's special needs and strengths in each of the following areas:

PHYSICAL

Needs: _____

Strengths: _____

FAMILIAL

Needs: _____

Strengths: _____

EDUCATIONAL

Needs: _____

Strengths: _____

SPIRITUAL

Needs: _____

Strengths: _____

SOCIAL

Needs: _____

Strengths: _____

PSYCHOLOGICAL

Needs: _____

Strengths: _____

EDUCATIONAL HISTORY

Please describe your child's school performance (*grades, relationship with teachers, classroom behavior*):

Kindergarten to 6th grade: _____

Junior High School (7th and 8th grade): _____

High School (9th – 12th grades): _____

Has your child had difficulties in school? _____ If yes, what? _____

Has your child ever received any type of remedial instruction? _____ If yes, which grades and classes, explain: _____

Has your child ever had an IEP (Individualized Educational Plan) or special education placement (*resource room, content mastery, etc*)? If so, please attach any assessment information. _____

Has your child ever been diagnosed with ADD or ADHD? _____

Does your child suffer from poor eyesight, hearing loss, speech impediment, etc? If yes, please explain. _____

Has your child ever repeated grades? _____ If yes, which ones? _____

Has your child ever skipped grades? _____ If yes, which ones? _____

Has your child ever been suspended or expelled? _____ If yes, when? _____

Please explain: _____

<u>Name of Schools Attended</u>	<u>Grade</u>	<u>Year</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Grade: _____ Still Attending? _____ Last grade completed: _____

Name of Current School: _____ Phone: _____

Address _____ City _____ State _____ Zip _____

School Counselor: _____

What do you perceive as your child's current academic needs? _____

Please attach transcript and home schools graduation requirements if in High School, otherwise the most current grade card.