

Does your child have any of the following:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Eye problems |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Hearing problems |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Physical handicap |
| <input type="checkbox"/> Convulsions | |

Please explain and describe treatment if any:

Name of your child's primary physician: _____

Date of your child's last physical examination: _____

Has your child ever had a neurological examination (If yes, by whom and date): _____

C. SCHOOL HISTORY OF THE CHILD

Please list the schools that your child has attended and dates:

Preschool: _____

Elementary School: _____

Middle School: _____

High School: _____

Is your child in any special education programs: _____

Please describe your child's school history by checking if there are any problems in the following areas and explain at the bottom:

- | | |
|---|---|
| <input type="checkbox"/> Needs tutoring or remedial work | <input type="checkbox"/> Difficulty in any school subjects |
| <input type="checkbox"/> Repeating a grade | <input type="checkbox"/> Behavior problems in school |
| <input type="checkbox"/> Negative attitude towards school | <input type="checkbox"/> Frequent detentions or suspensions |
| <input type="checkbox"/> Poor grades | <input type="checkbox"/> Frequent absences or tardiness |
| <input type="checkbox"/> Anxiety over perfection | <input type="checkbox"/> Difficulty getting along with teachers or adults |

Has your child ever had any intellectual or personality testing (If yes, by whom and date):

D. EMOTIONAL AND SOCIAL HISTORY OF THE CHILD

Please describe your child's personality, the behaviors that are troublesome for family, friends, and the community. When were these problems first noticed, and by whom. Please identify any circumstances or situations that may cause these problems:

Did your child ever receive any treatment for these problems or other problems in the past (If yes, by whom and dates):

What do you see as your child's strengths: _____

Please describe your child's social history by checking if there are any problems in the following areas and explain at the bottom:

- | | |
|---|--|
| <input type="checkbox"/> Difficulty completing chores or responsibilities | <input type="checkbox"/> Drugs |
| <input type="checkbox"/> Does not get along with peers | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Is physically aggressive | <input type="checkbox"/> History of running away |
| <input type="checkbox"/> Verbally aggressive | <input type="checkbox"/> Criminal history |
| <input type="checkbox"/> Prefers to be alone | <input type="checkbox"/> Other |
| <input type="checkbox"/> Withdrawn | |

Please describe how your child prefers to spend their time, any hobbies that they may have, and if they are in any extra curricular activities or sports:

E. FAMILY HISTORY

Parents marital status: Single Married Separated Divorced Widowed Never Married
 Other

Custody arrangements: _____

Visitation arrangements: _____

If divorced or separated, has the other parent been notified that the child is being seen for services at BCA. How does the other parent feel about this. (If the other parent has not been notified, please explain why.)

Please describe any illnesses, injuries, operations, or hospitalizations of other family members and approximate dates:

Please describe any mental health or drug and alcohol history of family members:

Describe your child's relationship with his/her parents: _____

Describe your child's relationship with his/her siblings: _____

Please describe your marriage or other significant relationships: _____

What do you see as strengths of your family: _____

Please check any significant events that have occurred within the past two years and explain at the bottom:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Births | <input type="checkbox"/> Change of residence |
| <input type="checkbox"/> Deaths | <input type="checkbox"/> Separations or divorce |
| <input type="checkbox"/> New job | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Unemployment | |

Information provided by: _____ Date: _____

Relationship to the child: _____