Michael G. Mruz, LCSW, PC ACSW, MSW 14 Harwood CT, Ste 301 Scarsdale, NY 10583 (914) 722 4151

Children & Adolescent Biography

Please provide the following information for your child's records. Leave blank any question you would rather not answer. Information you provide here is held to the same standards of confidentiality as your child's therapy.

Please print out this form and bring it with you to your first session or allow yourself 15 minutes prior to your appointment to complete the form in the office.

Information Supplied by:	Relation	nship:		
PERSON	AL HISTORY			
1) Child's Name:	2) Age:	3) Gender:	_MF	
4) Weight: 5) Height: 6) Eye Color: _	7) Hair Color:	8) Race:		
9) Address: Street Number C				
		State		Zip
10) Today's Date: 11)				
12) Home Phone: () 13) 7	Year in School			
14) Has the child been involved in previous counseling?	2: □Yes □No			
a) If Yes, Please describe:				
15) Why is the child presently coming to counseling?: _				
16) How long has this problem persisted (from #15)?:				
17) Under what conditions does your child's problems u			10	
what conditions does your child's problems usually imp			18	3) Under
	L HISTORY			
19) Name and address of physician(s):				
Physician's Name:				
Address: Rest	ults of physical exam:			
20) List any major illnesses and/or operations:				
21) List any physical conditions or concerns presently o	ccurring (e.g. headache	es, ALLERGIES,	asthma, etc.)):
22) List any physical conditions or concerns experience	d in the past (e.g. head	trauma, seizures.	etc.):	
, , , , , , , , , , , , , , , , , , ,	F (
23) On average how many hours of sleep does your chil	d receive?			

24) Does the child have trouble falling asleep at night? □ Yes □ No If yes, how long has this been a problem?

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 25) Describe your child's appetite (during the past week): Poor Appetite Average Appetite High Appetite 26) What medications (and dosages) are being taken presently, and for what purpose?: <u>Medication</u> <u>Purpose</u> 	
FAMILY HISTORY	
27) Mother's age: If deceased, how old was the child when she passed away?:	
	9) If
30) Number of bother(s) Their Ages	
31) Number of sister(s) Their Ages	
32) Child number being in a family of children.	
33) Is the child adopted or raised with parents other than biological parents?: \Box Yes \Box No	
34) Briefly describe the child's relationship with brothers and/or sisters:	
Biological siblings:	
Step and/or half siblings:	
Other:	
35) What is the family relationship between the child and his/her custodial parents?	
Check all which apply:	
Single Parent Mother Single Parent Father Parents Unmarried	
Parents Married, Together Parents Divorced Parents Separated With Mother & Stepfather With Father & Stepmother Parents Unmarried	
Child Adopted Other, Describe	
36) Is there a history or recent occurrences of child abuse to this child? \Box Yes \Box No	
If Yes, which type(s) of abuse? Verbal Physical Sexual Comments:	
37) Parent's Occupations: Mother Father	
38) Briefly describe the styles of parenting used in the household.	

DEVELOPMENTAL HISTORY

39) Briefly describe any problems in the mother's pregnancy and/or childbirth: _____

40) Please fill in when the following developmental milestones took plac	se fill in when the following dev	elopmental milestones	took place.
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Behavior	Age Began	Comments
Walking		
Talking		
Toilet Training		

41) List any drugs used by mother or father at time of conception, or by mother during pregnancy:

42) Please rate your

child's development (compared to others the same age) in the following areas:

	Below Average	About Average	Above Average
Social			
Physical			
Language			
Intellectual			
Emotional			

For each of the **type** of development in which you rated above as **BELOW AVERAGE**, please describe and be specific.

43) List your child's three greatest strengths:

1)_____ 2)_____ 3)_____

44) List your child's three greatest weaknesses or needed areas of improvement:

1)	
2)	
3)	

DEVELOPMENTAL HISTORY (continued)

45) List your child's main difficulties at school:

 2)
1)
2)
3)
47) Briefly describe your child's friendships:

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9) Brie	efly describe your child's hobbies and	interests:			
0) Des	cribe how your child is disciplined:				
1) For	what reasons is your child disciplined	19			
2 Dlag		AVIORS OF C	CONCER	N	
,	ase check how often the following beh Loses temper easily	Never	Rarely	Sometimes	Frequent
	Argues with adults	Never			I
	Refuses adults request		Rarely		ł
4)	Deliberately annoys people		Rarely	Sometimes	1
5)	Blames others for own mistakes		Rarely	Sometimes	1
5)	Diames others for own mistakes				1
6)	Easily annoyed by others	Never	Rarely	Sometimes	Freauen
7)	Angry/Resentful	Never		Sometimes	Frequer
8)	Spiteful/vindictive	Never	Rarely	Sometimes	Frequen
9)	Defiant	Never	Rarely	Sometimes	Frequen
	Bullies/teases others	Never	Rarely	Sometimes	
11)	Initiatas fichts	Never	Rarely	Sometimes	Frequen
	Initiates fights				Frequen
	Uses a weapon Physically cruel to people BEHAV	IORS OF CON	CERN (con	Sometimes	
	Physically cruel to animals	Never	Rarely	Sometimes	Frequen Frequen
	Stealing	Never	Rarely	Sometimes	Frequen
10		Never	Rarely	Sometimes	Freque
	Forced sexual activity	Never		Sometimes	Freque
	Intentional arson	Never	Rarely _	Sometimes	Freque
	Burglary	Never	Rarely	Sometimes	Freque
	"Cons" other people	Never	Rarely	Sometimes	Freque
20)	Runs away from home				
21)	Truant at school	Never	Rarely	Sometimes	Freque
22)	Doesn't pay attention to details	Never	Rarely	Sometimes	Freque
	Several careless mistakes	Never	Rarely	Sometimes	Freque
	Does not listen when spoken to	Never	Rarely	Sometimes	Freque
	Doesn't finish chores/homework	Never	Rarely	Sometimes	Freque
26)	Difficulty organizing tasks	Never	Rarely	Sometimes	Freque
	Loses things	Never	Rarely _	Sometimes	Freque
	Easily distracted	Never	Rarely _	Sometimes	Freque
	Forgetful in daily activities	Never	Rarely	Sometimes _	Freque
,	Fidgety/squirmy	Never	Rarely _	Sometimes	Freque
21		Never	Rarely	Sometimes	Freque
31)	Difficulty remaining seated	Never	Rarely	Sometimes	Freque
		Never	Rarely	Sometimes	Freque
		Never	Rarely	Sometimes	Freque
				Sometimes _	Freque

- 32) Runs/climbs around excessively
- 33) Difficulty playing quietly
- 34) Hyperactive
- 35) Difficulty awaiting turn

 36) Interrupts others 37) Problems pronouncing words 38) Poor grades in school 39) Expelled from school 40) Drug abuse 	Never Never Never Never	RarelyRarely Rarely Rarely Rarely	SometimesFrequently SometimesFrequently SometimesFrequently SometimesFrequently SometimesFrequently
 Alcohol consumption Depression Shy/avoidant/withdrawn Suicidal threats/attempts Fatigued 	Never Never Never Never	Rarely Rarely Rarely Rarely Rarely	SometimesFrequently SometimesFrequently SometimesFrequently SometimesFrequently SometimesFrequently
 46) Anxious/nervous 47) Excessive worrying 48) Sleep disturbance 49) Panic attacks 50) Mood shifts 	Never Never Never Never	Rarely Rarely _ Rarely _ Rarely _ Rarely _	SometimesFrequently SometimesFrequently SometimesFrequently SometimesFrequently SometimesFrequently

53) For each of the behaviors noted on previous page as occurring FREQUENTLY, or if it causes significant

impairment, write a brief description of how it impacts your child's life or other people's lives.

Give examples. Use the back of this page as needed.

Behaviors of concerns

How it impact the life of your child or other people?

Write a brief descriptions of those behaviors which you checked FREQUENTLY and any other behaviors (including mood and temperaments) which are of concern or cause moderate/significant impairment:

54) Briefly describe your child's ways of expressing the following emotions or behaviors:

ANGER:	
HAPPINESS:	
SADNESS:	
ANXIETY:	
55) List your child's beh	aviors which you would like to see change:

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Additional information you believe would be helpful: