

## Children and Adolescent Addendum

Client's name: \_\_\_\_\_ Date: \_\_\_\_\_  
Gender: \_\_\_ F \_\_\_ M Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in school: \_\_\_\_\_  
Form completed by (if someone other than client): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ Ext: \_\_\_\_\_

**If you need any more space for any of the following questions please use the back of the sheet.**

Primary reason(s) for seeking services:

\_\_\_ Anger management    \_\_\_ Anxiety    \_\_\_ Coping    \_\_\_ Depression  
\_\_\_ Eating disorder    \_\_\_ Fear/phobias    \_\_\_ Mental confusion    \_\_\_ Sexual concerns  
\_\_\_ Sleeping problems    \_\_\_ Addictive behaviors    \_\_\_ Alcohol/drugs    \_\_\_ Hyperactivity  
\_\_\_ Other mental health concerns (specify): \_\_\_\_\_  
\_\_\_\_\_

### Family History

Is there any significant information about the parents' relationship or treatment toward the child which might be beneficial in counseling? \_\_\_ Yes \_\_\_ No

If Yes, describe: \_\_\_\_\_

### Client's Mother

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ \_\_\_ FT \_\_\_ PT

Where employed: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's education: \_\_\_\_\_

Is there anything notable, unusual or stressful about the child's relationship with the mother?

\_\_\_ Yes \_\_\_ No    If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

How is the child disciplined by the mother? \_\_\_\_\_

For what reasons is the child disciplined by the mother? \_\_\_\_\_

### Client's Father

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_ \_\_\_ FT \_\_\_ PT

Where employed: \_\_\_\_\_ Work phone: \_\_\_\_\_

Father's education: \_\_\_\_\_

Is there anything notable, unusual or stressful about the child's relationship with the father?

\_\_\_ Yes \_\_\_ No    If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

How is the child disciplined by the father? \_\_\_\_\_

For what reasons is the child disciplined by the father? \_\_\_\_\_

**Childhood/Adolescent History**

**Pregnancy/Birth**

Has the child's mother had any occurrences of miscarriages or stillborns?  Yes  No

If Yes, describe: \_\_\_\_\_

Was the pregnancy with child planned?  Yes  No Length of pregnancy: \_\_\_\_\_

Mother's age at child's birth: \_\_\_\_\_ Father's age at child's birth: \_\_\_\_\_

Child number  of  total children.

How many pounds did the mother gain during the pregnancy? \_\_\_\_\_

While pregnant did the mother smoke?  Yes  No If Yes, what amount: \_\_\_\_\_

Did the mother use drugs of alcohol?  Yes  No If Yes, type/amount: \_\_\_\_\_

While pregnant, did the mother have any medical or emotional difficulties? (e.g., surgery, hypertension, medication)  Yes  No

If Yes, describe: \_\_\_\_\_

Length of labor: \_\_\_\_\_ Induced:  Yes  No Caesarean?  Yes  No

Baby's birth weight: \_\_\_\_\_ Baby's birth length: \_\_\_\_\_

Describe any physical or emotional complications with the delivery: \_\_\_\_\_

Describe any complications for the mother or the baby after the birth: \_\_\_\_\_

Length of hospitalization: Mother: \_\_\_\_\_ Baby: \_\_\_\_\_

**Infancy/Toddlerhood** Check all which apply:

- Breast fed                       Milk allergies                       Vomiting                       Diarrhea
- Bottle fed                       Rashes                       Colic                       Constipation
- Not cuddly                       Cried often                       Rarely cried                       Overactive
- Resisted solid food                       Trouble sleeping                       Irritable when awakened                       Lethargic

**Developmental History** Please note the age at which the following behaviors took place:

Sat alone: \_\_\_\_\_ Dressed self: \_\_\_\_\_

Took 1st steps: \_\_\_\_\_ Tied shoelaces: \_\_\_\_\_

Spoke words: \_\_\_\_\_ Rode two-wheeled bike: \_\_\_\_\_

Spoke sentences: \_\_\_\_\_ Toilet trained: \_\_\_\_\_

Weaned: \_\_\_\_\_ Dry during day: \_\_\_\_\_

Fed self: \_\_\_\_\_ Dry during night: \_\_\_\_\_

Compared with others in the family, child's development was:  slow  average  fast

Age for following developments (fill in where applicable)

Began puberty: \_\_\_\_\_ Menstruation: \_\_\_\_\_

Voice change: \_\_\_\_\_ Convulsions: \_\_\_\_\_

Breast development: \_\_\_\_\_ Injuries or hospitalization: \_\_\_\_\_

Issues that affected child's development (e.g., physical/sexual abuse, inadequate nutrition, neglect, etc.)

Therapist's signature/credentials: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

