We Belong Counseling, Corp.

Mary Joseth Miranda-Tourino, MSW, LCSW, ACHP-SW, ACYFSW-SW. License #13353

261 North University Drive Suite #500 Plantation, Florida 33324

Phone: 954-295-5526 **Fax**: 954-440-2183

BIOGRAPHICAL HISTORY FORM – CHILD / ADOLESCENT

TODAY'S DATE: _____

CHILD

Name: _____

Address: _____

Date of Birth: __ /__ /__ *Child's age:* _____ *Gender: M/F*

MOTHER GUARDIAN

Phone # _____ *Home#:*_____

*Occupation:*_____

E-mail: _____

FATHER GUARDIAN

Phone # _____ *Home#:*_____

*Occupation:*_____

E-mail: _____

LANGUAGES SPOKEN

☐English	☐ Spanish	☐ French	☐ German	☐ Hebrew	Other

ETHNICITY:

☐ White/Caucasian	☐ African/American	☐ Latino/Hispanic	☐ Native American
☐ Jamaican	☐ Haitian	☐ Multiracial	☐ Other

PARENTS:

☐ Marriage Intact	☐ Separated	☐ Divorced	☐ Remarried	☐ Deceased

CHILD LIVES WITH:

☐ Family	☐ Shared Custody	☐ Single Parent	☐ Guardian	☐ Other

REFERRED BY:

☐ School	☐ Physician	☐ Therapist	☐ Insurance Co.	☐ EAP	☐ Family Member
☐ Friend	☐ Internet	☐ Other			

We Belong Counseling, Corp.

Mary Joseth Miranda-Tourino, MSW, LCSW, ACHP-SW, ACYFSW-SW. License #13353

261 North University Drive Suite #500 Plantation, Florida 33324

Phone: 954-295-5526 **Fax**: 954-440-2183

CHILD'S BIRTH

☐ Born Natural	☐ Born C-Section	☐ IVF	☐ Birth Complications
☐ Adopted	☐ Foster Child	☐ Other	

PRENATAL/NEONATAL:

☐ Healthy Mom	☐ Healthy Infant	☐ High Risk Preg.	☐ Labor Induced
☐ Premature	☐ NICU	☐ Jaundiced	☐ Other

INITIAL MEDICAL:

☐ No Concerns	☐ Colicky	☐ Speech Delays	☐ Hearing Problems
☐ Allergies	☐ Chronic Illness	☐ Other	

WHEN BABY:

☐ Smiled often	☐ Easy to soothe	☐ Adapted well	☐ Difficult to soothe
☐ Excessively cried	☐ Other		

WHAT AGE:

☐ Sat alone	☐ Crawled	☐ Walked	☐ Combined words
☐ Toilet Trained	☐ Dressed Self	☐ Homework Alone	

CONCERNS DURING INFANCY:

_____

_____

_____

_____

WHEN TODDLER:

☐ Compliant	☐ Quiet	☐ Stubborn	☐ Independent	☐ Aggressive
☐ Friendly	☐ Shy/Timid	☐ Affectionate	☐ Other	

KINDERGARDEN BEGAN:

☐ On Time	☐ Delayed	☐ Repeated	☐ Other

CURRENT SCHOOL INFORMATION:

School name:	☐ **Public**	☐ **Private**	**Grade:**

PEER INTERACTION

☐ Leader	☐ Follower	☐ Shy/Timid	☐ Friendly	☐ Aggressive	☐ Other

We Belong Counseling, Corp.

Mary Joseth Miranda-Tourino, MSW, LCSW, ACHP-SW, ACYFSW-SW. License #13353

261 North University Drive Suite #500 Plantation, Florida 33324

Phone: 954-295-5526 **Fax**: 954-440-2183

CHILD'S EXPERIENCES

☐ Bullied by peers	☐ Abused	☐ Had losses
☐ Sibling rivalry	☐ Skipping school	☐ Other

DEVELOPMENTAL

☐ Speech Delay	☐ Diff. Hearing	☐ Language Delay	☐ Visual Problems
☐ Emotional Delay	☐ Social Problems	☐ Other	

EDUCATIONAL

☐ Reading Issues	☐ Writing Problems	☐ Math Challenges	☐ ADHD symptoms
☐ Current IEP	☐ Accommodations	☐ Other	

BEHAVIORAL

☐ Biting	☐ Hitting	☐ Tantrums	☐ Bullying
☐ Rebelling	☐ Fighting	☐ Stealing	☐ Other

EMOTIONAL

☐ Anxiety	☐ Frustration Problems	☐ Over-Reactive	☐ Over-Sensitive
☐ Diff. Adjusting	☐ Diff. Sharing	☐ Other	

CURRENT TIME

☐ Play Alone	☐ Play w/ Sibling	☐ Play w/Peers	☐ Play w/Adults
Which is more frequent?			

CURRENT ACTIVITIES:

_____

_____

_____

_____

CHILD'S SUBSTANCE USE (PAST 30 DAYS)

☐ Caffeine	☐ Cigarettes	☐ Alcohol	☐ Marijuana
☐ Prescription	☐ Over the Counter	☐ Street Drugs	☐ Other

AMOUNT / FREQUENCY SUBSTANCE USE

_____

_____

_____

_____

We Belong Counseling, Corp.

Mary Joseth Miranda-Tourino, MSW, LCSW, ACHP-SW, ACYFSW-SW. License #13353

261 North University Drive Suite #500 Plantation, Florida 33324

Phone: 954-295-5526 **Fax**: 954-440-2183

PSYCHOLOGIC HISTORY

INDIVIDUAL THERAPY:

_____

_____

_____

FAMILY THERAPY:

_____

_____

_____

GROUP THERAPY:

_____

_____

_____

PSYCHIATRIC HISTORY:

_____

_____

_____

DIAGNOSIS KNOWN:

_____

_____

_____

HISTORY OF SUICIDAL THOUGHTS:

_____

_____

_____

HISTORY OF SUICIDAL ATTEMPTS:

_____

_____

_____

PSYCHIATRIC E.R. VISIT:

_____

_____

_____

We Belong Counseling, Corp.

Mary Joseth Miranda-Tourino, MSW, LCSW, ACHP-SW, ACYFSW-SW. License #13353

261 North University Drive Suite #500 Plantation, Florida 33324

Phone: 954-295-5526 **Fax**: 954-440-2183

MEDICAL HISTORY

PEDIATRICIAN'S NAME: _____

PEDIATRICIAN #: _____

LAST DR. VISIT: __ / __ / __

RESULTS OF EXAM:

_____

_____

_____

MEDICAL CONCERNS:

_____

_____

_____

MAJOR ILLNESSES:

_____

_____

_____

MEDICAL HOSPITALIZATIONS:

_____

_____

_____

SURGERIES:

_____

_____

_____

MEDICAL CHALLENGES:

SLEEP PROBLEMS:

_____

_____

_____

EATING PROBLEMS:

_____

_____

_____

SPECIALISTS:

_____

_____

_____

We Belong Counseling, Corp.

Mary Joseth Miranda-Tourino, MSW, LCSW, ACHP-SW, ACYFSW-SW. License #13353

261 North University Drive Suite #500 Plantation, Florida 33324

Phone: 954-295-5526 **Fax**: 954-440-2183

FAMILY MEDICAL HISTORY:

_____

_____

_____

CURRENT MEDICATION:

_____

_____

_____

DOSAGE:

_____

_____

_____

TIMES PER DAY:

_____

_____

_____

FOR TREATMENT OF:

_____

_____

_____

LEGAL HISTORY:

_____

_____

_____

HISTORY OF ABUSE?:

_____

_____

_____

CHILD'S SOCIAL NETWORK/SUPPORT:

_____

_____

_____

CHILD'S RELIGIOUS AFFILIATION:

_____

_____

_____

IS RELIGIOUS AFFILIATION IMPORTANT TO YOU?

_____

_____

_____

We Belong Counseling, Corp.

Mary Joseth Miranda-Tourino, MSW, LCSW, ACHP-SW, ACYFSW-SW. License #13353

261 North University Drive Suite #500 Plantation, Florida 33324

Phone: 954-295-5526 **Fax**: 954-440-2183

REASONS FOR YOU VISIT:

_____

_____

_____

HOW LONG HAS THE PROBLEM PERSISTED:

_____

_____

_____

CONDITIONS WHICH WORSEN THE PROBLEM:

_____

_____

_____

CONDITIONS WHICH IMPROVE THE PROBLEM:

_____

_____

_____

WHAT ARE YOUR THERAPY GOALS?

_____

_____

_____

WHAT ARE YOUR EXPECTATIONS?

_____

_____

_____

CHILD'S STRENGHTS:

_____

_____

_____

CHILD'S WEAKNESSES:

_____

_____

_____

LOSES TEMPER EASILY:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

ARGUES WITH ADULTS:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

IRRITATES PEOPLE:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

EXTERNALIZES BLAME:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

We Belong Counseling, Corp.

Mary Joseth Miranda-Tourino, MSW, LCSW, ACHP-SW, ACYFSW-SW. License #13353

261 North University Drive Suite #500 Plantation, Florida 33324

Phone: 954-295-5526 **Fax**: 954-440-2183

EASILY ANNOYED:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

TRUANT AT SCHOOL:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

HYPERACTIVE:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

LOSES THINGS:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

EASILY DISTRACTED:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

INTERRUPTS OTHERS:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

POOR GRADES:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

EXPELLED:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

DRUG ABUSE:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

AVOIDANT/SHY:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

ANXIOUS/NERVOUS:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

DEPRESSION:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

FATIGUED:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

EXCESSIVE WORRY:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

SLEEP PROBLEM:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

PANIC ATTACKS:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

MOOD SHIFTS:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

MEDICAL AILMENTS:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

SIBLING RIVALRY:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

PHOBIAS / FEARS:

☐ Never	☐ Rarely	☐ Sometimes	☐ Frequently

We Belong Counseling, Corp.

Mary Joseth Miranda-Tourino, MSW, LCSW, ACHP-SW, ACYFSW-SW. License #13353

261 North University Drive Suite #500 Plantation, Florida 33324

Phone: 954-295-5526 **Fax**: 954-440-2183

GENERAL PROBLEMS:

☐ Academic Problems	☐ Impulsivity	☐ Sexual Problems
☐ Addictions	☐ Intimacy Issues	☐ Sick Often
☐ ADHD	☐ Interpersonal	☐ Sleep Problems
☐ Aggression	☐ Irritability	☐ Speech Problems
☐ Anxiety	☐ Judgment Errors	☐ Spiritual Concern
☐ Avoidant Beh.	☐ Leal Concerns	☐ Stress/Tension
☐ Career Problem	☐ Loneliness	☐ Suicidal Thought
☐ Compulsiveness	☐ Loss/Grief/Death	☐ Thoughts Disorganized
☐ Cultural Concern	☐ Manic Episodes	☐ Thoughts Racing
☐ Depression	☐ Medical Concern	☐ Trembling
☐ Discrimination	☐ Memory Problems	☐ Trouble Making Decisions
☐ Dizziness	☐ Mood Shifts	☐ Withdrawing
☐ Eating Disorder	☐ Obsessive	☐ Worrying
☐ Elevated Mood	☐ Panic Attacks	☐ Other (specify)
☐ Family Problem	☐ Paranoia	
☐ Fatigue	☐ Phobias	
☐ Financial	☐ Physical Abuse	
☐ Hallucinations	☐ Procrastination	
☐ Harassment	☐ Recurring Thoughts	
☐ Identity Concern	☐ Relationship	
☐ Internet Problem	☐ Self Esteem	

Explain how the symptoms that you checked have affected your child's ability to function (e.g., socially, emotionally, occupationally, physically, etc.).

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____