

**Child and Family Data Summary  
Episcopal Counseling Center**

Date: \_\_\_\_\_ To Be Completed By: \_\_\_\_\_  
parent / guardian

Therapist Seeing Client: \_\_\_\_\_

**General Information on Client**

Child's Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Child's Appearance: Height and Weight \_\_\_\_\_ Hygiene: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Step-Mother's Name (if applicable): \_\_\_\_\_

Step-Father's Name (if applicable): \_\_\_\_\_

Name and Relationship of person who has legal custody of this child: \_\_\_\_\_

\_\_\_\_\_  
Name and Relationships of everyone who lives in the house with the child: \_\_\_\_\_

\_\_\_\_\_  
Is there, or has there been, any psychiatric or psychological counseling or treatment for anyone in the family? If so who, when and where?

\_\_\_\_\_  
\_\_\_\_\_

Mother's (or step-mother's) Occupation: \_\_\_\_\_

Father's (or step-father's) Occupation: \_\_\_\_\_

**Presenting Problem (s)**

What is currently concerning you about your child or family? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

When did the problem (s) start? \_\_\_\_\_

What happened that led you to come here at this time? \_\_\_\_\_

\_\_\_\_\_  
What changes have you noticed in other areas of your family life since this problem began? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any other professional or agencies that have been involved in the problem:

\_\_\_\_\_  
\_\_\_\_\_

How has the child's problem been explained to you by other professional? \_\_\_\_\_

Do both parents see the problem the same way? If not, please explain: \_\_\_\_\_

Please explain how each and/or both parents have intervened to deal with the problem: \_\_\_\_\_

Does the child seem to think there is a problem? \_\_\_\_\_

Please describe any major changes of any kind that have occurred in your family in the last few years (moves, changes in family composition, changes in income or situation, etc.) \_\_\_\_\_

**School**

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ Principal: \_\_\_\_\_

Has the child had any difficulty going to school? \_\_\_\_\_

How important is it for the child to do well in school? \_\_\_\_\_

Did the child attend pre-school or kindergarten? \_\_\_\_\_

Has the child been held back any grades or grade level? (Describe) \_\_\_\_\_

Has any psychological testing been done at school? \_\_\_\_\_

What does the child do well in at school? \_\_\_\_\_

What does the child do poorly in at school? \_\_\_\_\_

How does the child get along with other children in the school? \_\_\_\_\_

How does the child get along with the teachers? \_\_\_\_\_

**Significant Medical History:**

Childhood Illnesses: \_\_\_\_\_

Hospitalization: \_\_\_\_\_

Current Medication: \_\_\_\_\_

### **Brothers, Sisters, and Friends**

Does the child have any brothers or sister that do not live in the same house? \_\_\_\_\_

How does the child get along with brothers and sisters? \_\_\_\_\_

How does the child compare with brothers and sisters? \_\_\_\_\_

Does the child have friends in the neighborhood? Yes \_\_\_ No \_\_\_

Does the child respond positively when approached? Yes \_\_\_ No \_\_\_

Does the child prefer adults to children? Yes \_\_\_ No \_\_\_

Does the child have only one or two friends or many? \_\_\_\_\_

Age of playmates preferred: \_\_\_\_\_

### **Relationship with Parents**

Child's Relation with Mother:

1. How does the child get along with mother? \_\_\_\_\_

2. Has there been any separation between the mother and child? \_\_\_\_\_

A. How old was the child at the time of separation? \_\_\_\_\_

B. How often does the mother see the Child? \_\_\_\_\_

C. Under what circumstances? \_\_\_\_\_

Child's Relation with Father:

1. How does the child get along with father: \_\_\_\_\_

2. Has there been any separation between the father and child? \_\_\_\_\_

A. How old was the child at the time of separation? \_\_\_\_\_

B. How often does the father see the child? \_\_\_\_\_

c. Under what circumstances? \_\_\_\_\_

What kind of things does the child do that mother disciplines him/her for? \_\_\_\_\_

\_\_\_\_\_

What kind of things does the child do that father disciplines him/her for? \_\_\_\_\_

\_\_\_\_\_

What method does mother usually use to discipline the child? \_\_\_\_\_

What method does the father usually use to discipline the child? \_\_\_\_\_

How does the child respond to the above-mentioned disciplinary methods? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family History (If occurring in family, give relationship of person so affected)

Mental Retardation: \_\_\_\_\_

Mental Illness: \_\_\_\_\_

Epilepsy: \_\_\_\_\_

Muscular Dystrophy: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

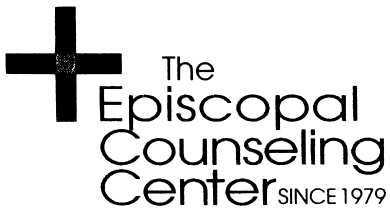
## CHILD AND FAMILY DATA

**Please check the answer that applies to the following questions about the child's infancy.**

BEHAVIOR	YES	NO	SOMETIMES	DON'T UNDERSTAND QUESTION
Needed a blanket sleeper, Moved all around and Kicked blankets off				
Ate, slept on an even schedule all by himself/herself.				
Accepted new foods with no fuss.				
Cheerful				
Handled a strange situation by moving toward it.				
If he/she was going to cry, he/she would scream.				
Would cry as soon as diaper was barely wet.				
Repeatedly rejected water if he/she wanted milk.				
Did not stop fussing even if comforted.				
Overall, he/she was a difficult baby.				
Overall, he/she was a easy baby.				

**PLEASE CHECK THE ANSWER THAT APPLIES TO THE FOLLOWING QUESTIONS ABOUT THIS CHILD'S BEHAVIOR *NOW*.**

Always on the go.				
Seems to run on an even schedule (waking, sleeping, eating).				
Adapts well to changes (new school, moving, etc.)				
Cheerful				
Handles new situations by charging forward (new school, camp, etc.)				
He/she has no "middle range"; it's all or nothing.				
He/she is "hair triggered"; little things are enough to set him/her off.				
Has a long attention span.				
Is easily distracted by any interference however small.				
Overall, he/she is a difficult child.				
Overall, he/she is an easy child.				
Overall, he/she is shy but OK once he/she warms up.				



\_\_\_\_\_  
Date

I (We), as parent (s) / guardian (s) of \_\_\_\_\_,  
give our consent and approval for \_\_\_\_\_, of the Episcopal  
Counseling Center to work with our son / daughter in therapy. I (We) understand the  
therapy sessions are confidential but that I (we) will be involved in the treatment  
process as needed at the request of the therapist.

\_\_\_\_\_  
(Father / Guardian signature)

\_\_\_\_\_  
(Mother / Guardian signature)

\_\_\_\_\_  
(Therapist signature)