

# DEVELOPMENTAL BIOPSYCHOSOCIAL HISTORY FORM

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This form helps in getting needed information about your child quickly. Spelling and neatness don't matter!  
(If you don't complete the form and mail or bring with you next session, it can slow down and complicate accurate services)

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Adult(s) Completing form: \_\_\_\_\_

Biological father name and age: \_\_\_\_\_

If is not presently in home, location or contact information: \_\_\_\_\_

\_\_\_\_\_

Biological mother name and age: \_\_\_\_\_

If is not presently in home, location or contact information: \_\_\_\_\_

\_\_\_\_\_

***What are the current reasons for seeking services?*** (Problems, needs – how long going on!)

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***Has the child had any similar problems like these in the past? Any current or past treatment??***

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\_\_\_\_\_

***Does or did anyone in the immediate or extended family (or friends) have similar problems?***

\_\_\_\_\_

\_\_\_\_\_

***Any biological family history of mood, emotional, behavioral or addictions? Please detail!***

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\_\_\_\_\_

\_\_\_\_\_

***What is his/her present situation and history with school (and / or work)? (Problems or Assets!!)***

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**What is the present situation with the immediate family?** (parents, siblings, relatives, ?custody?, etc.)

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**What was home and family life like in the past – e.g., any history of changes?**

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**What is the present situation with friends, acquaintances, and social contacts, hobbies, etc.?**

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**How was gestation, birth, and early developmental milestones?** (Please note any problems!)

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**What are the current medical problems, medications and significant medical history / meds?**

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**Who does the discipline? What are the methods? Are they effective? Known problems disciplining?**

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**Are there any present or past problems with abuse, sexual activity, drugs or alcohol ?**

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**Anything else that might be important or helpful in understanding the current problems?**

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