CREATIVE THERAPY CENTER
JON PICKER, LPC, LCDC, ATR TOBY PICKER, LMSW, LPC
326 Noble Street Spring, Texas 77373
Telephone (281) 583-0112 Fax (281) 292-2787

PARENT HISTORY

Client Name: Date: DOB: Age:
Mother: Age: Occupation:
Father: Age: Occupation:

PRESENTING PROBLEM:

Reason for bringing the child:

Precipitating Event:

Age and situation problem first noted:

Previous Assessment:
When/ Who:
For What:
Treatment Recommendations:

CURRENT STATUS:

Living Arrangements:

Siblings:

Divorce:
When:

Why:

Lives with whom:

Other parents situation:

Sleeping arrangements:

School:

Grade: If not age appropriate why?

Academic Status:

Behavioral Status:

Previous School History:

Relationships with teachers:

Homework Status:

Peers- behavioral interaction:

Other issues:

Legal Issues:

DEVELOPMENTAL HISTORY:

Maternal Issues during pregnancy:

Labor and Delivery:

Newborn Status:

Early weeks at home:

Family Psychiatric History:
(Include both parents)

Early school problems:

Mood problems:

Drug/alcohol problems:

OCD:

Tics:

Seizures:

Major Medical syndromes:

Sleep (night terrors):
Too much or too little sleep:
Appetite:
Irritability/moody:
Stealing/fire setting/lying:
Cruelty:
Violence:
Fears:
Recklessness:
Drugs/ Alcohol:
Sadness-wish to die:

MEDICAL SURGICAL HISTORY:

Medical / surgical illness:
Medications:
Past Medications:
Allergies:
Last Physical Exam:
Family Medical History: