

LIFE SKILLS RESOURCE GROUP
Licensed Counselors, Life & Executive Coaching
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HEALTH HISTORY FOR CHILDREN AND YOUTH

Patient's Name: _____
Last First Initial

Date of Birth: _____ Age: _____ Grade: _____

Address: _____

Parent Phone: _____ Email: _____

The following questions are designed to be of assistance in determining the needs of your child or adolescent. Please complete this questionnaire as accurately as possible.

Mother's Name: _____ DOB: _____

Mother's Occupation: _____

Father's Name: _____ DOB: _____

Father's Occupation: _____

Step-Parent's Name: _____ DOB: _____

Step-Parent's Occupation: _____

Step-Parent's Name: _____ DOB: _____

Step-Parent's Occupation: _____

Sibling's Name: _____ Age: _____ Sibling's Name: _____ Age: _____

Sibling's Name: _____ Age: _____ Sibling's Name: _____ Age: _____

1) Did someone refer you? Yes _____ No _____ Who? _____

2) Who is your Pediatrician? _____

3) The name of your school: _____

Type of Placement: Regular LD S/L EBD Gifted ASD Special/Regular

Name: _____ Date of Birth: _____

4) At what age did your child enter Day Care? _____

Did your child attend Pre-School? Yes _____ No _____

Please list all the schools your child has attended:

Please describe your child's last report card:

5) Has psychological testing been completed? Yes _____ No _____

If yes, by whom? _____

Has educational testing been completed? Yes _____ No _____

If yes, by whom? _____

If yes for above, please discuss providing these test results to the counselor. The results can be instrumental in the counseling process.

6) Please indicate the behaviors that are a source of concern for you. **Indicate P for past and C for current.**

- | | | |
|--------------------------|-----------------------|-------------------------|
| ___ Temper outburst | ___ Peer issues | ___ Sexual abuse |
| ___ Fire setting | ___ Soiled pants | ___ Eating problems |
| ___ Withdrawn | ___ Impulsive | ___ Running away |
| ___ Stealing | ___ Drug use | ___ Compulsive |
| ___ Day dreaming | ___ Suicide talk | ___ Worry/anxiety |
| ___ Lying | ___ Alcohol use | ___ Sexually acting out |
| ___ Fearful | ___ Head banging | ___ Pregnancy |
| ___ School performance | ___ Defiant | ___ Other _____ |
| ___ Short attention span | ___ Cigarette smoking | _____ |
| ___ Bed wetting | ___ Trouble with law | _____ |

Name: _____ Date of Birth: _____

MEDICAL HISTORY

7) List all medical hospitalizations:

<u>Reason</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____

8) Chronic Illnesses/Head Injuries:

9) List of medications for medical or mental health issues (present and past):

<u>Medication</u>	<u>Dose</u>
_____	_____
_____	_____
_____	_____
_____	_____

10) Previous Mental Health Treatment: Yes _____ No _____

Any current or previous Mental Health Diagnosis?: Yes _____ No _____

Name: _____ Date of Birth: _____

Out-patient Counseling:

Counselor/Psychiatrist

Date

In-patient Counseling:

Counselor/Psychiatrist

Facility

Date

In-school Counseling:

Counselor/Psychologist

School

Grade

Date

DEVELOPMENTAL HISTORY

11) Who does the child/teen live with? _____

Who has legal custody? _____

Prenatal Care: Yes _____ No _____ Full Term: Yes _____ No _____

If premature, how early? _____ Birth weight: lbs. _____ oz. _____

Type of delivery: spontaneous _____, cesarean _____, with instruments _____

Head first _____, breach _____

Was oxygen necessary for the infant? Yes _____ No _____

Was the infant discharged with the mother? Yes _____ No _____

Name: _____ Date of Birth: _____

Did the mother use alcohol/drugs/nicotine during pregnancy? Yes _____ No _____

If yes, please explain:

Difficulty sleeping as an infant _____, Colic _____, Breast fed _____, Regular formula _____

Developmental milestones (age): walked _____, spoke full sentences _____, toilet trained _____

12) Goals of counseling: (What would you like to see happen as a result of counseling?)

13) Is there any other information that you believe would be helpful for the counselor to know?

I understand that this information is being provided to my child's Counselor only. It is my responsibility to share relevant information with my child's Pediatrician/Primary Care Physician.

Signature of the person completing this questionnaire Date Printed Name

I give permission for any sandtrays or other art projects my child produces within therapy to be photographed and retained for his/her file.

Signature Date Printed Name

INFORMATION FOR YOU TO KEEP

What Parents should know about Sandtray Therapy

Your child, adolescent, or even adult may participate in sandtray therapy as a part of therapy at Life Skills Resource Group. While this may look to you like just playing in the sand, sandtray therapy is much more than that.

Children often do not have the words or the understanding of their feelings to talk through what is going on for them. They may not be able to explain why they feel or act a certain way. In fact, many adults even struggle to answer these questions. Sandtray therapy offers a non-verbal way for children, adolescents, and adults to process their feelings, their actions, and what is going on in their lives.

Through the use of symbols (small figurines, toys, shells, rocks, and other items), children, adolescents, and adults build a world in the sandtray. Typically this world in the sand is built without any direction from the therapist: whatever the child feels is important can be included in the world, and the world could focus on any topic. Building and working inside this world may help children to make sense of the world, to explore an issue without the fear of directly talking about it, and to feel more in control of a situation, which is now contained inside the sandtray.

Most of the time you will probably not see your child's sandtray. However, your child may decide that he or she would like to invite you to see a sandtray at the end of a session or to show you a picture of the sandtray. If this occurs, there are some things we'd like you to know:

- It is important to respect that the builder of the sandtray is the owner of the sandtray and also the authority on the sandtray.
- Only the builder of the sandtray may reach into the sandtray. Do not touch items inside the sandtray.
- Be careful not to interpret what the sandtray means or what any particular item in the sandtray represents. Even though it may seem obvious that an item in the tray is a dog, it may not represent a dog to the builder.
- Ask open questions about the sandtray rather than commenting on the sandtray. If the sandtray is about anxiety for the child, it can be confusing for the child to hear you say it is "very nice", "scary", or any other comment.
- Good things to say include "What would you like to share with me about your sandtray?", "What does this sandtray mean to you?", and "What was it like to build this sandtray?"
- If your child chooses not to tell you about the sandtray, we encourage you to accept this.

INFORMATION FOR YOU TO KEEP

What Parents should know about Play Therapy

Your child or adolescent may participate in play therapy as a part of therapy at Life Skills Resource Group. Play therapy might involve building, books, arts and crafts activities, puppets, figurines, board games, or pretend games like house, restaurant, doctor, or dress-up. Play therapy might look a lot like just playing, so it is reasonable to wonder what makes play therapy different from just playing.

Children often do not have the words or the understanding of their feelings to talk through what is going on for them. They may not be able to explain why they feel or act a certain way. In fact, many adults even struggle to answer these questions. At younger ages play really functions as a child's way of expressing him or herself. Play is essentially words for kids. Play therapy offers a non-verbal way for children and even adolescents to process their feelings, their actions, and what is going on in their lives.

Most of the time you will probably will not be involved in your child's play as part of play therapy. However, if your child does invite you to join in play therapy, there are some things we'd like you to know:

- It is important to respect that the child is the authority on the play.
- Be careful not to interpret what the play means or what any particular item in play represents. If a child is using a dog puppet, but is using it to represent a wolf, we want to call it a wolf.
- The way for us to figure out what the play means to the child is to ask. Ask open questions about the play rather than commenting on the play.
- Good things to say include "What would you like to tell me about what you did today?", "Tell me more about this (with pointing towards what you'd like to know about).", or "What is that like for you?"
- If the play (for example, a puppet show) is about anxiety for the child, it can be confusing for the child to hear you say it is "very nice", "scary", or any other comment.
- If your child chooses not to tell you about his or her play, we encourage you to accept this.

If you have questions about play therapy, we encourage you to ask your child or your child's therapist. Questions are always welcome!