

Social History

Worker	Agency	Date
--------	--------	------

Child

Name		
Birth Date	Social Security Number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Place	Religion	Race
Disability		
Date of Title IV-E Eligibility	Date of SSI Eligibility	

Assessment type: Initial Update

Previous evaluation or mental health services: Yes No

If yes, list dates and names of providers.

Date	Provider

Presenting concerns: (description in narrative)

Mental health Substance abuse Juvenile justice Child abuse

Family Composition

Parent History			
Father		Mother	
Birth Date		Birth Date	
Birth Place		Birth Place	
Address		Address	
Race	Religion	Race	Religion
Nationality		Nationality	
Height	Weight	Height	Weight

Hair Color	Eye Color	Hair Color	Eye Color
Tribe (if Native American)		Tribe (if Native American)	
Status of Marriage to Child's Parent		Status of Marriage to Child's Parent	
Previous Marriages/Paramours		Previous Marriages/Paramours	
Last Grade Completed		Last Grade Completed	
GED or High School Diploma?		GED or High School Diploma?	
Present Employer		Present Employer	
Employer Address		Employer Address	
How Long Employed Here?		How Long Employed Here?	
Type of Job		Type of Job	
Normal Work Hours		Normal Work Hours	
Military Service?		Military Service?	
Number of Arrests		Number of Arrests	
List Criminal Convictions (describe sentence)		List Criminal Convictions (describe sentence)	

Parents/caretakers relationship to child:

Parents/Caretakers	Relationship

Current living situation (siblings and others in home), family circumstances, custody and visitation issues:

Name	Birth Date	Relationship	Phone

Name	Birth Date	Relationship	Phone

Family Situation

Child’s leisure, recreational play, and entertainment:

Description of social, cultural, and ethnic considerations:

Religion

Child’s religion or spiritual orientation:

Family Mental Health History

Child’s mental health history: (physical abuse, sexual abuse, domestic violence, verbal abuse, previous psych/mental health diagnosis, none)

Family stressors and problems:

Recent stressors: (depression, attachment issues, suicide, stress level, abuse history, other stressors, substance and alcohol)

Family members mental health history and stressors: (explain in narrative if apply)

Educational History

Current School, Child Care, or Teacher

Grade

Previous schools attended: (early childhood: number of daycares and length of time)

Child's extracurricular activities: (early childhood: favorite toys and games)

Comments or description of disabilities for which special education services received:

School problems and peer relationships: (early childhood: symbolic or parallel play)

Developmental/Social History

Prenatal history:

Prenatal care: (mom's age, planned pregnancy, feelings regarding pregnancy, when knew pregnant, when saw doctor)

Complications during pregnancy: (early childhood: exposure to domestic violence in utero, preeclampsia, gestational diabetes, etc.)

Medications prescribed during pregnancy: Yes No

Cigarettes used during pregnancy: Yes No

Alcohol used during pregnancy: Yes No

Street drugs used during pregnancy: Yes No

Description of substances type and frequency of use:

Labor and delivery:

Description of complications during labor and delivery: (early/late/on time, c-section, weight at birth)

Infant temperament: (early childhood: alertness/mood/time of day)

Developmental Milestones	
Sitting at (months)	Saying words at (months)
Crawling at (months)	Saying sentences at (months)
Walking at (months)	Toilet trained at (months)

Description of developmental milestones or problems eating, sleeping, hearing, fine and gross motor:

Adolescent development: (currently pregnant, sexual concerns or anxieties, sexual orientation issues, employed, begun puberty, sexually active, delinquent behavior, begun dating, birth control, other, not applicable, none, unknown)

Describe:

Medical History

Current physician and dentist of the child:

Physical health: (description of current concerns, problems with pain or nutrition) (early childhood: well baby checks, oral health)

Allergies:

Medications: (current and who prescribes for each medication particularly psychotropic meds)

Additional medications and medical information: (over-the-counter medications given routinely to child, herbal remedies)

Legal Status

Current legal status: (CINA when/why, delinquent when/why, consent decree, informal adjustment agreement, no legal involvement, other legal involvement, none)

Describe:

Substance Abuse History

Child has a history of substance abuse: Yes No

Self reported substance use: (alcohol, cocaine, inhalants, opium/heroin/morphine, sedative/hypnotic/anxiolytic, amphetamine/stimulant/meth, hallucinogen, marijuana, phencyclidine, other such as over-the-counter medication given by parent to child, none, unknown)

Comments on substances: (frequency, age started, amounts) (early childhood: environmental exposure)

Previous substance abuse services: Yes No Unknown

Comments: (place, when, length)

Family Systems Observations

Child's strength:

Parent/family strengths:

Family dynamics and family systems observations: (fill in your observations of the family interactions/insights from history)

Conclusions

Protective factors (behavioral concerns):

Conclusions and recommendations:

Signature of staff and supervisor if applicable:

Worker	Supervisor	Date
--------	------------	------