

- ☐ Warrensburg  
☐ Clinton  
☐ Warsaw

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## PEDIATRIC SOCIAL HISTORY

This form is to be completed by the adult responsible for the child client prior to the first visit, and is to be given to the therapist. This information is CONFIDENTIAL, and is to assist in treatment.

### REFERRAL INFORMATION

Has this child had previous treatment here? \_\_\_ Yes \_\_\_ No If yes, when \_\_\_\_\_

Has this child current or previous treatment elsewhere? \_\_\_ Yes \_\_\_ No  
 If yes, when? \_\_\_\_\_ With whom? \_\_\_\_\_

Child or Teen's Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ month - day - year Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Who has referred this child to treatment? \_\_\_\_\_

Please describe in detail the child's behavior which are of concern and in what setting his/her functioning is impaired (e.g. home, school, social, etc.) \_\_\_\_\_

When did this begin, or how long has/have this/these behaviors been of concern? \_\_\_\_\_

What previous treatment or strategies have been tried in the past to correct this / these problems or behaviors? \_\_\_\_\_

How effective were the treatment or strategies? \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

### MEDICAL HISTORY

Is this child being treated for any illness or condition? \_\_\_ Yes \_\_\_ No If yes, what: \_\_\_\_\_

Is this child taking any medications, prescribed, "over the counter", or any herbal remedies, vitamins? \_\_\_ Yes \_\_\_ NO

|             |               |            |
|-------------|---------------|------------|
| what? _____ | Dosage: _____ | For: _____ |
| what? _____ | Dosage: _____ | For: _____ |
| what? _____ | Dosage: _____ | For: _____ |
| what? _____ | Dosage: _____ | For: _____ |

Date of last physical examination: \_\_\_\_\_

Does this child have any allergies? \_\_\_ Yes \_\_\_ No If yes, to what? \_\_\_\_\_

Has this child ever had any dizzy spells, convulsions or unconscious periods? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Does this child have any recurring physical complaints? \_\_\_\_\_

Does this child have any physical disabilities or limitations? \_\_\_\_\_

If yes, what? \_\_\_\_\_

Significant childhood diseases:

| Disease | Age | Comments |
|---------|-----|----------|
|---------|-----|----------|

|                         |  |  |
|-------------------------|--|--|
| Frequent ear infections |  |  |
|-------------------------|--|--|

|              |  |  |
|--------------|--|--|
| Encephalitis |  |  |
|--------------|--|--|

|              |  |  |
|--------------|--|--|
| Strep throat |  |  |
|--------------|--|--|

|                          |  |  |
|--------------------------|--|--|
| Very High Fever _____ °F |  |  |
|--------------------------|--|--|

Significant injuries, accidents, surgeries or hospitalizations: \_\_\_\_\_

### FAMILY HISTORY

Has any of this child's parents, grandparents, aunts, uncles or cousins had emotional, behavioral, learning or similar problems, or exhibited similar behavior as this child? \_\_\_\_\_

If yes indicate:

| Name | Relationship to child (maternal/paternal) | Type of problems |
|------|---|------------------|
|------|---|------------------|

With whom (adult caretakers) has this child lived most of his/her life? Be specific: \_\_\_\_\_

If this child's parents are separated or divorced, how old was the child when this occurred? \_\_\_\_\_

Mother: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

W-Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

W-Phone: \_\_\_\_\_

Guardian: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

W-Phone: \_\_\_\_\_

Please list all persons living in the same household as this child:

| Name: | Relationship to child | Age | Sex | Health |
|-------|-----------------------|-----|-----|--------|
|-------|-----------------------|-----|-----|--------|

Please list any brothers or sisters who are not living in the same household as this child:

Are the father (adult male) and/or mother (adult female) employed? ☐ Yes ☐ No

If no, please indicate date of last employment and reason unemployed:

mother? \_\_\_\_\_

father? \_\_\_\_\_

Highest grade level of education obtained by mother \_\_\_\_\_ father \_\_\_\_\_

(FAMILY HISTORY CON'T)

Are both child's parents living? ☐ Yes ☐ No

If no, please indicate the date and cause of death: \_\_\_\_\_

Is there a history in either parent's families of medical problems, such as heart disease, cancer, diabetes or other types of problems?

| Name: | Relationship to child (maternal/aternat) | Type of Illness |
|-------|--|-----------------|
| _____ | _____                                    | _____           |
| _____ | _____                                    | _____           |
| _____ | _____                                    | _____           |

Did this child's mother smoke, take medication, drink alcohol or take drugs while pregnant? ☐ Yes ☐ No

If yes, what? \_\_\_\_\_

Did the mother have malnutrition or poor diet during pregnancy? ☐ Yes ☐ No

Is there any history of alcohol or drug problems on either parent's side of the family? ☐ Yes ☐ No If yes, who and what type of problem?

| Name: | Relationship to child | Type of Illness |
|-------|-----------------------|-----------------|
| _____ | _____                 | _____           |
| _____ | _____                 | _____           |
| _____ | _____                 | _____           |

If this child is in foster - or relative-care, how old was the child when placed? \_\_\_\_\_

If known, what were the circumstances for placement in foster/relative care? \_\_\_\_\_

Are there other legal issues with this child, such as Juvenile Court involvement, custody issues, guardianship, etc.? \_\_\_\_\_

How was the mother's health during pregnancy and birth for this child? \_\_\_\_\_

Were there any problems or complications during pregnancy or delivery of this child? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Were there any problems during this child's first six months of life? \_\_\_\_\_

Age at which this child: Walked alone \_\_\_\_\_ Spoke first word \_\_\_\_\_ Used 2 or 3 sentences \_\_\_\_\_  
Was completely weaned \_\_\_\_\_ Completed bowel training \_\_\_\_\_ Rode bike without training wheels \_\_\_\_\_

Did this child have any delays in achieving milestones for motor, speech, hearing, social or other skills? \_\_\_\_\_

Does this child attend club/church? \_\_\_\_\_ If yes, what? \_\_\_\_\_  
Behavior at church/club? \_\_\_\_\_

What are this child's strengths? \_\_\_\_\_

What are this child's weaknesses/limitations? \_\_\_\_\_

Name of School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher's Name: \_\_\_\_\_ Counselor's Name: \_\_\_\_\_

Has this child had any adjustment of learning problems in school? ☐ Yes ☐ No

If yes, what? \_\_\_\_\_

Has this child ever been recommended to be retained in any grade? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

What are this child's average grades? \_\_\_\_\_

Has this child been identified by the school with any learning or other problems? ☐ Yes ☐ No

If yes, what? \_\_\_\_\_

Does this child have an Individualized Education or Habilitation Plan? ☐ Yes ☐ No

If yes, what? \_\_\_\_\_

## SCHOOL HISTORY

Beside each item below, place a check mark to indicate whether the item is *Not True*, *Somewhat True*, *Sometimes True*, or *Very or Often True* for the person being rated.

|  | Not<br>True<br>(0) | Somewhat<br>Sometimes<br>True (1) | Very/Often<br>True<br>(2) |
|--|--------------------|-----------------------------------|---------------------------|
| 1. Messy Handwriting   |                    |                                   |                           |
| 2. Holding pencil very tightly or near the tip                       |                    |                                   |                           |
| 3. Difficulty drawing pictures or building things                    |                    |                                   |                           |
| 4. Hand tires easily when writing                                    |                    |                                   |                           |
| 5. Drawing straight lines  |                    |                                   |                           |
| 6. Difficulty playing sports   |                    |                                   |                           |
| 7. Not coordinated   |                    |                                   |                           |
| 8. Difficulty with balance   |                    |                                   |                           |
| 9. Poor swimmer  |                    |                                   |                           |
| 10. Clumsy   |                    |                                   |                           |
| 1. Forgets what was recently said                                    |                    |                                   |                           |
| 2. Problems remembering where things were put                        |                    |                                   |                           |
| 3. Difficulty remembering long instructions                          |                    |                                   |                           |
| 4. Difficulty remembering names of people or things                  |                    |                                   |                           |
| 5. Memory problems   |                    |                                   |                           |
| 6. Difficulty pronouncing many new words                             |                    |                                   |                           |
| 7. Difficulty finding the right words to use                         |                    |                                   |                           |
| 8. Difficulty explaining things or figuring out how to express ideas |                    |                                   |                           |
| 9. Getting mixed up when people talk in long sentences               |                    |                                   |                           |
| 10. Difficulty talking or describing things smoothly                 |                    |                                   |                           |
| 1. Confused about left and right                                     |                    |                                   |                           |
| 2. Difficulty keeping place in reading                               |                    |                                   |                           |
| 3. Poor sense of direction; gets lost easily                         |                    |                                   |                           |
| 4. Difficulty fixing things that break                               |                    |                                   |                           |
| 5. Sometimes writing letters, words or numbers backwards             |                    |                                   |                           |
| 6. Getting mixed up about time and dates                             |                    |                                   |                           |
| 7. Difficulty using directions to put something together             |                    |                                   |                           |
| 8. Difficulty judging distances                                      |                    |                                   |                           |
| 9. Getting confused when asked to do several things in correct order |                    |                                   |                           |
| 10. Getting mixed up learning schedules or the order of things       |                    |                                   |                           |
| 1. Problems with reading   |                    |                                   |                           |
| 2. Problems with mathematics   |                    |                                   |                           |
| 3. Problems with spelling  |                    |                                   |                           |
| 4. Problems with handwriting or taking notes in class                |                    |                                   |                           |

### For Office Use Only

1 - 5: FM \_\_\_\_\_      6 - 10: GM \_\_\_\_\_      11 - 15: MEM \_\_\_\_\_  
 16 - 20: LANG \_\_\_\_\_      21 - 25: VIS \_\_\_\_\_      26 - 30: T-S \_\_\_\_\_

Scores from 5 to 10 points may indicate specific delays

Does this child have any history of being emotionally, physically or sexually abused or neglected, or domestic violence?

\_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Has this child and any significant emotional or physical trauma (e.g. head injury, crime, motor vehicle accident, severe falls, storm/flood victim, etc.) \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Are there any spiritual or cultural factors which may relate to treatment? \_\_\_\_\_

## BEHAVIOR RATING SCALE

Please rate the frequency of your child's behavior on each of the factors below, as they are now occurring

**N=Never**

**S=Sometimes**

**O=Often**

**A=Always**

LESS THAN ONCE PER WEEK

1-3 TIMES PER WEEK

NEARLY EVERY DAY

|   |   |   |   |   |
|---|---|---|---|---|
| 1. Poorly adapts to new situation. Feels uncomfortable in new settings  | N | S | O | A |
| 2. Hesitates to express opinions, or seems cautious or subdued in speaking, as if shy                                     | N | S | O | A |
| 3. Becomes upset by failures, by pouting, whining or withdrawal   | N | S | O | A |
| 4. Not chosen by classmates for activities or is not sought after   | N | S | O | A |
| 5. Becomes alarmed or frightened easily with new people, places or performances situations                                | N | S | O | A |
| 6. Seeks support or reassurance from peers or adults  | N | S | O | A |
| 7. Becomes aggressive or sullen when scolded or criticized  | N | S | O | A |
| 8. Deprecates or minimizes grades, school work or activities  | N | S | O | A |
| 9. Lacks confidence and assurance with classmates or teachers   | N | S | O | A |
| 10. Has low self-esteem or self-respect and feels unworthy  | N | S | O | A |
| 11. Seems to have lost interest in fun or exciting activities   | N | S | O | A |
| 12. Seems tired, fatigued or loses energy during the day  | N | S | O | A |
| 13. Sleep patterns have changed, either not as much or too much sleep   | N | S | O | A |
| 14. Appetite has changed, either reducing or increasing recently  | N | S | O | A |
| 15. Talks about death or dying, or has dreams of death or being hurt.   | N | S | O | A |
| 16. Has tried to hurt self, wishes she/he were dead or thinks of dying  | N | S | O | A |
| 17. Depressed or irritable mood   | N | S | O | A |
| 18. Episodic mood shifts during the day   | N | S | O | A |
| 19. Has nightmares and/or night terrors   | N | S | O | A |
| 20. Appears more sensitive to sensory stimuli (sound, light level, tastes, odors, or touch)                               | N | S | O | A |
| 21. Periods of increased or inflated self-esteem or focus on self   | N | S | O | A |
| 22. Periods of increased opposition or argumentative behavior   | N | S | O | A |
| 23. Excessive worries, eg. specific phobias or separation from others   | N | S | O | A |
| 24. Increased sexual behavior or interest for his/her age   | N | S | O | A |
| 25. Periods of impatience, being bored, not able to tolerate frustration well   | N | S | O | A |
| 26. Having "Rage Attacks" which last longer than one hour   | N | S | O | A |
| 27. Ups and downs of mood seem to have a daily or longer cycle  | N | S | O | A |
| 28. If child is birth to age six, crying, being overactive, demanding and having temper tantrums                          | N | S | O | A |
| 29. If child is age 7 to 10, having an irritable, negative mood and being increasingly socially sensitive                 | N | S | O | A |
| 30. If child is age 13 to 16, periods of depression alternating with excess energy, expressive mood, rage or aggression   | N | S | O | A |
| 31. Afraid to go to school or other places without a parent   | N | S | O | A |
| 32. Worries about loss or separation from parent  | N | S | O | A |
| 33. Worries about harm to family or a catastrophe befalling the family  | N | S | O | A |
| 34. Refuses to sleep without parent or sibling present.   | N | S | O | A |
| 35. Clings to or refuses to leave a parent or sibling   | N | S | O | A |
| 36. Nightmares of being lost from or separated from parents or family   | N | S | O | A |
| 37. Worries about upcoming separation from parents or siblings  | N | S | O | A |
| 38. Complains of excessive distress when separated from parents or siblings   | N | S | O | A |
| 39. Physical complaints (headaches, stomachaches, nausea) with no basis   | N | S | O | A |
| 40. Worries too much about future events  | N | S | O | A |
| 41. Worries about behavior or actions in the past   | N | S | O | A |
| 42. Persistent and marked fear of specific objects or situations? what: _____   | N | S | O | A |
| 43. Has trouble sustaining attention, especially for boring or routine work   | N | S | O | A |
| 44. Does not seem to listen   | N | S | O | A |
| 45. Difficulty following instructions or finishing schoolwork, chores or work tasks, even though willing                  | N | S | O | A |
| 46. Has difficulty organizing tasks or daily activities   | N | S | O | A |
| 47. Avoids or strongly dislikes activities requiring sustained mental effort  | N | S | O | A |
| 48. Loses articles of clothing, toys, homework or school materials  | N | S | O | A |
| 49. Easily distracted by noises or movement, difficult to stay focused, and may shift from one unfinished task to another | N | S | O | A |
| 50. Forgetful in daily activities   | N | S | O | A |
| 51. Seems fidgety or restless, or taps finger, or pencils, or foot alot   | N | S | O | A |
| 52. Has trouble staying in the seat or squirms in the seat or is up and down  | N | S | O | A |
| 53. Engages in physically dangerous play or activities (climbing, jumping)  | N | S | O | A |
| 54. Plays loudly, and often roughly   | N | S | O | A |
| 55. Always needs to be doing something, or always on the go or into things  | N | S | O | A |
| 56. Talks excessively   | N | S | O | A |
| 57. Blurts out answers before questions are finished  | N | S | O | A |
| 58. Has difficulty waiting turn in games or activities.   | N | S | O | A |
| 59. Interrupts others   | N | S | O | A |
| 60. Seems impulsive, or acts without thinking of consequences, even when "knows the probable outcome"                     | N | S | O | A |
| 61. Has trouble with changes with routine or during transition times  | N | S | O | A |
| 62. Achievement seems less than actual ability or capability  | N | S | O | A |
| 63. Seem to lose temper easily  | N | S | O | A |
| 64. Frequently argues with adults   | N | S | O | A |
| 65. Often defies adults rules / requests  | N | S | O | A |

|  |   |   |   |   |
|--|---|---|---|---|
| 66. "Touchy" or easily annoyed   | N | S | O | A |
| 67. Anger out of proportion to event   | N | S | O | A |
| 68. Seems to deliberately annoy others   | N | S | O | A |
| 69. Blames others for mistakes or misbehavior  | N | S | O | A |
| 70. Being resentful or angry   | N | S | O | A |
| 71. Being spiteful or vindictive   | N | S | O | A |
| 72. Physically cruel to animals  | N | S | O | A |
| 73. Physically cruel to people   | N | S | O | A |
| 74. Bullies, threatens or intimidates  | N | S | O | A |
| 75. Starts physical fights with others.  | N | S | O | A |
| 76. Has used a weapon, (e.g. bat, rocks, metal rods, knives, etc.) in fights   | N | S | O | A |
| 77. Mugging or armed robbery, threatening another to get money or desired items  | N | S | O | A |
| 78. Has forced someone to have sex   | N | S | O | A |
| 79. Purposeful fire setting  | N | S | O | A |
| 80. Destroyed others property  | N | S | O | A |
| 81. Breaking and entering into car or house.   | N | S | O | A |
| 82. Lies to avoid obligations or to get items or favors  | N | S | O | A |
| 83. "Cons" or takes advantage of others  | N | S | O | A |
| 84. Stealing or shoplifting, forgery   | N | S | O | A |
| 85. Stays out past parents curfew, especially if before age 13   | N | S | O | A |
| 86. Has run away from home over night  | N | S | O | A |
| 87. Truant from school (especially if before age 13)   | N | S | O | A |
| 88. Associates with the wrong crowd  | N | S | O | A |
| 89. Wears alternate fashions or styles to be different or unique, not as a fad   | N | S | O | A |
| 90. Swears or uses obscene language  | N | S | O | A |
| 91. Repetitive actions or play   | N | S | O | A |
| 92. Strange or odd thoughts or ideas   | N | S | O | A |
| 93. Lacks social/emotional interplay, does not understand nonverbal cues/eye contact, facial expressions, gestures                                 | N | S | O | A |
| 94. Restricted patterns of interest  | N | S | O | A |
| 95. Poor understanding of emotions, poor empathy skills  | N | S | O | A |
| 96. Poorly developed peer relationships  | N | S | O | A |
| 97. Appears confused about, or oblivious to social rules.  | N | S | O | A |
| 98. Prefers solitary activities  | N | S | O | A |
| 99. Impaired awareness of others and appears self absorbed   | N | S | O | A |
| 100. Lack of spontaneous play, appearing restricted and rigid  | N | S | O | A |
| 101. Clumsy, poor motor skills   | N | S | O | A |
| 102. Delay in development  | N | S | O | A |
| 103. Abnormal speech pitch, tone, or rhythm  | N | S | O | A |
| 104. Slow or awkward writing, printing better than cursive, fist-like grip, unusual wrist or paper position, irregular or poorly organized spacing | N | S | O | A |
| 105. Fascination with movement of objects  | N | S | O | A |
| 106. Odd body movements(clapping, rocking)   | N | S | O | A |
| 107. Abnormal posture of walking   | N | S | O | A |
| 108. Perception problems with vision hearing and/or touch  | N | S | O | A |
| 109. Reversal or deterioration from previous level of development  | N | S | O | A |
| 110. Big change, from previous better behavior. What?  | N | S | O | A |
| 111. Big change from previous better thinking and problem-solving abilities  | N | S | O | A |
| 112. Bed-wetting or soiling after has been toilet trained  | N | S | O | A |
| 113. Drinking alcoholic beverages. How much? How Often? _____  | N | S | O | A |
| 114. Using illicit drugs? How much? How Often? _____ What? _____   | N | S | O | A |
| Other of the child's behaviors which disturb you or cause problems within the home:  | N | S | O | A |
| 115. _____   | N | S | O | A |
| 116. _____   | N | S | O | A |
| 117. _____   | N | S | O | A |
| 118. _____   | N | S | O | A |

List in order the 3 problems you want most help with at this time, and rate the severity

|          | Severe |   |   | Moderate |   |   | Not a problem |   |   |    |
|----------|--------|---|---|----------|---|---|---------------|---|---|----|
|          | 1      | 2 | 3 | 4        | 5 | 6 | 7             | 8 | 9 | 10 |
| 1. _____ | 1      | 2 | 3 | 4        | 5 | 6 | 7             | 8 | 9 | 10 |
| 2. _____ | 1      | 2 | 3 | 4        | 5 | 6 | 7             | 8 | 9 | 10 |
| 3. _____ | 1      | 2 | 3 | 4        | 5 | 6 | 7             | 8 | 9 | 10 |

Name of Child rated: \_\_\_\_\_ Date: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reviewed by Therapist: \_\_\_\_\_ Date: \_\_\_\_\_