



NUTRITION FOR MENTAL HEALTH

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BIOGRAPHICAL INFORMATION INTAKE FORM – CHILD

Please fill out this biographical background form as completely as possible. It will help me in our work together. All information is confidential as outlined in the Office Policy form. If you do not desire to answer any question merely write, “Do not care to answer”. Please print or write clearly and bring it with you to the first session.

Child/Teen’s Name: _____

Child/Teen’s Birth Date: ____/____/____ Place: _____

Parent/Guardian’s Names: _____

Home Address: _____

City: _____ State _____ Zip _____

Phone: _____ (day) _____ (evening) _____ (cell)

Referring person or agency (e.g. insurance): _____

Name of person completing this form and relationship to child/teen: _____

Does mother/father live outside the home? If so please provide their address:

Is anyone in the family (currently or in the past) been involved with psychotherapy or counseling? If so, who, when, and where, and for how long?

Person/s living in the home with the child/teen (If necessary, please turn over the form for additional space to complete this):

Name: Relationship: DOB: Occupation/Employer/School Grade

1. _____
2. _____
3. _____
4. _____
5. _____

Is there any other person who is especially important to the child/teen, or family, whether or not they are actual family members?

PREGNANCY HISTORY:

Was the baby planned/wanted?

By mother? _____

By father? _____

Were there any marital or family problems at the time of conception, pregnancy, and delivery?

Health During Pregnancy:

Mother's health okay, or not? Any problems?

Did mother have prenatal care during this pregnancy?

What was mother's diet during pregnancy?

Was there any use of drugs, medications, or alcohol during pregnancy?

Was there any bleeding during the first three months of pregnancy?

Were there any difficulties with labor or delivery?

Child/teen's weight at birth:_____

What was baby's health at birth?_____ Was the doctor concerned about the baby's health? Please explain:

Was an incubator or other special care given? If so, for how long?

DEVELOPMENTAL HISTORY:

Please check the appropriate box indicating your opinion of your child/teen's development in the following areas:

	Slow	Average	Fast
Physical development	_____	_____	_____
Language development	_____	_____	_____
Intellectual development	_____	_____	_____
Social development	_____	_____	_____
Emotional development	_____	_____	_____

When did your child:

1. Walk alone? _____
2. Use single words? _____
3. Become toilet trained? _____ Any difficulties? _____ Please explain: _____

Please indicate with a number (0-4) the extent to which each of the following phrases best describes your child/teen currently and during infancy.

- | | |
|--------------------------------|-----------------------------|
| (0) = never applies | (3) = often applies |
| (1) = rarely applies | (4) = always applies |
| (2) = sometimes applies | |

	CURRENTLY	INFANCY
Extremely active, always on the go.	_____	_____
Runs on an even schedule, easily predictable.	_____	_____
Cheerful, mostly in a good mood.	_____	_____
Has a long attention span.	_____	_____
Is easily distracted.	_____	_____
Overreacts to small things.	_____	_____
Adjusts well to new things (people, places, Situations).	_____	_____

CURRENT HISTORY:

What is currently concerning you about your child/teen or family?

Describe how the problem began and how it has developed:

What happened that led to your coming here?

What changes have you noticed in your family since this problem began?

Please list all professional and agencies involved in the problem:

How has the child/teen's problem been explained to you by other professionals (if applicable)?

What do parents see as needing to change? (please check all that apply):

Child/teen's behavior at school

Child/teen's grades

Teachers' attitudes

School or school system

Parent's expectations

Child/teen's personality

Other (please describe) _____

Do both parents see the problem the same way? Yes _____ **No** _____

Explain any differences of opinion: _____

What has each parent been doing about the problem at home?

Do both the school and parents see the problem the same way? If not, please describe any differences:

Does the child/teen agree that there is a problem?

Describe any major changes that have occurred in your family in the last few years. (For example, moves, changes in family composition, changes in income or situation, deaths, etc.):

Describe the current relationship between child/teen parents:

SCHOOL INFORMATION:

School Name: _____ **Phone:** _____

Address: _____

Teacher: _____

School Psychologist: _____

School Counselor: _____

Principal: _____

Has the child/teen had any difficulty with school attendance? If so, please describe:

Did the child/teen attend preschool? Yes _____ **No** _____

Has the child/teen been held back any grades? Please specify: _____

Has the child/teen been in special education (E.H., E.M.R., T.M.R.) classes? Please specify:

Has there been any psychological testing done at school? Yes _____ **No** _____

If so, what type of testing has been done? _____

What does the child/teen do well in at school? _____

What does the child/teen do poorly in at school? _____

How well does the child/teen get along with other children/teens in school? _____

How does the child/teen get along with teachers? _____

Principal? _____

Counselor? _____

CHILD'S RELATIONSHIPS:

How well does the child/teen get along with brothers and sisters? _____

Does the child/teen have friends in the neighborhood? Yes _____ **No** _____

How many friends? Overall? _____

Does child/teen respond positively when approached? Yes _____ **No** _____

Age of friends preferred? _____

Father:

Describe child/teen's relationship with father in home: _____

Have there been separations between father and child/teen?_____

How old was the child/teen at time of separation_____

How often does father see child/teen?_____

Under what circumstances?_____

What kinds of things does child/teen do that father disciplines him/her for?_____

How does father discipline?_____

Mother

Describe child/teen's relationship with mother in home:_____

Have there been separations between mother and child/teen?_____

How old was the child/teen at time of separation_____

How often does father see child/teen?_____

Under what circumstances?_____

What kinds of things does child/teen do that mother disciplines him/her for?_____

How does mother discipline?_____

Feelings between parents and child/teen:

In what ways do you like being with your child/teen? Elaborate:_____

In what ways do you find it difficult being with your child/teen? Elaborate:_____

MEDICAL:

List any serious accidents, including age and type of accident: _____

List all hospitalizations operations, and serious illnesses, including age and type of problem:

Is your child/teen on any medications currently? If so, please list type and dosage, response, including side effects:

Has child/teen ever received any medication related to behavior and emotions? If so, what and when?

Does the child/teen have any known allergies? _____

LEGAL PROBLEMS:

Has child/teen ever been in trouble with the law? _____

If so, how many times? _____

Give approximate date/s: _____

What was the court disposition?_____

Is child/teen currently on probation?_____

If yes, who is the probation officer?_____

Probation officer phone number?_____

Is there any legal action currently pending?_____