

Candy Katoa, Psy.D.

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CA PSY 24477

CHILD BACKGROUND INFORMATION

Child's Name: _____ Today's Date: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

Your Name: _____ Relationship to Child: _____

Primary Phone: _____ (cell/work/home/other) OK to leave message? Y/N

Secondary Phone: _____ (cell/work/home/other) OK to leave message? Y/N

Email: _____ OK to email you? Y/N

Emergency Contact Name: _____

Relationship to Emergency Contact: _____

Emergency Contact Phone: _____

Pediatrician's Name: _____

Pediatrician's Phone: _____

List Any Allergies: _____

Who does your child live with? _____

Grade Level: _____ School: _____

Race/Ethnicity: _____

Religious Background: _____

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What are your top 3 concerns about your child? How long have these problems been around?

- 1) _____
- 2) _____
- 3) _____

Below is a list of common problems that children face. Please check any that apply to your child.

Anxiety

- Worrying about different things Scared of doing things Difficulty being away from parents
 Always clingy to parents Repetitive behaviors Often complains about physical ailments

Mood

- Frequent sadness/depression Anger or irritability Withdrawn and uninterested in favorite activities
 Frequent crying Low self esteem Thoughts of wanting to harm oneself or to die
 Mood swings Feeling guilty Feeling overly excited about things

Behaviors

- Fidgety, hyper, on-the-go Causing disruptions Getting into fights Fail to get work done
 Frequent tantrums Cutting or self injury Eating problems Purging foods
 Skin picking Hair pulling Nail biting Tics

Sleep

- Problems falling asleep Problems staying asleep Fatigue/tiredness during the day
 Nightmares Night terrors Sleeping too much

Cognitive

- Problems with attention or concentration Racing thoughts
 Thoughts that don't make sense Thoughts that aren't based on reality

Interpersonal

- Problems getting along with peers Problems making friends Problem keeping friends
 Problems with being bullied Social isolation Family problems

Other

- Victim of abuse (emotional, physical, sexual) Traumatic experience Grief or loss
 Problems with alcohol or drugs Medical problems Body image concerns
 Learning difficulties Other school problems Legal problems

Other: _____

Does your child have any health problems or chronic conditions? Y / N If so, please list them below.

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Has your child ever sustained a head injury? Y/N If yes, please explain: _____

Has your child ever been hospitalized? Y/N If yes, please state reason for admission and date.

Child's Current Height: _____ Child's Current Weight: _____

Current Medications (including over the counter medications and supplements)

Medication

Dosage

Purpose

Current & Previous Mental Health Providers

Provider Name

Dates of Treatment

Reason for Treatment

Developmental History

Any complications with pregnancy, labor or delivery? _____

Where was your child born? _____ Where did he/she grow up? _____

Do you have any concerns about your child's developmental milestones? _____

How is your child doing in school? _____

What are your child's hobbies or extracurricular activities? _____

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Family History

Does your child have a family history of the following?

Anxiety	Y	N	Don't Know	Who: _____
Depression	Y	N	Don't Know	Who: _____
Bipolar Disorder/Mania	Y	N	Don't Know	Who: _____
Substance Use	Y	N	Don't Know	Who: _____
Eating Disorder	Y	N	Don't Know	Who: _____
Schizophrenia/Psychosis	Y	N	Don't Know	Who: _____
Attention Problems/ADD/ADHD	Y	N	Don't Know	Who: _____
Learning/Developmental Disability	Y	N	Don't Know	Who: _____

Substance Use History

Has your child ever used any of the following substances?

Alcohol	Never	Past	Currently	How much: _____
Tobacco	Never	Past	Currently	How much: _____
Marijuana	Never	Past	Currently	How much: _____
Stimulants	Never	Past	Currently	How much: _____
Cocaine/Crystal Meth	Never	Past	Currently	How much: _____
Ecstasy/MDMA	Never	Past	Currently	How much: _____
Opioids	Never	Past	Currently	How much: _____
Sedative/Hypnotics that are not prescribed	Never	Past	Currently	How much: _____

Thank you for taking the time to fill this form out!