

# Patrick McKee, LCPC

Individual, Family and Group Psychotherapy for Children,  
Adolescents and Adults



## CHILD/ADOLESCENT INFORMATION FORM

Child's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
Pediatrician \_\_\_\_\_  
Pediatrician's Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax# \_\_\_\_\_

### DEVELOPMENTAL HISTORY

(Check all that apply)

#### Problems during mother's pregnancy:

\_\_\_\_\_ None \_\_\_\_\_ high blood pressure  
\_\_\_\_\_ kidney infection \_\_\_\_\_ German measles  
\_\_\_\_\_ emotional stress \_\_\_\_\_ bleeding  
\_\_\_\_\_ alcohol use \_\_\_\_\_ drug use  
\_\_\_\_\_ cigarette use \_\_\_\_\_ other

**Birth:** \_\_\_\_\_ normal delivery \_\_\_\_\_ difficulty delivery  
\_\_\_\_\_ Cesarean delivery \_\_\_\_\_ Complications  
Comments: \_\_\_\_\_

#### Infancy:

\_\_\_\_\_ feeding problems  
\_\_\_\_\_ sleep problems  
\_\_\_\_\_ toilet training problems

#### Developmental Milestones: (mark "N" for normal, "E" for early and "D" for delayed)

\_\_\_\_\_ sitting \_\_\_\_\_ talking  
\_\_\_\_\_ standing \_\_\_\_\_ potty training  
\_\_\_\_\_ walking \_\_\_\_\_ playing with peers

### MEDICAL HISTORY

(Check all that apply)

\_\_\_\_\_ allergies \_\_\_\_\_ ear infections \_\_\_\_\_ asthma  
\_\_\_\_\_ autism \_\_\_\_\_ pneumonia \_\_\_\_\_ scarlet fever  
\_\_\_\_\_ measles \_\_\_\_\_ mumps \_\_\_\_\_ whooping cough  
\_\_\_\_\_ significant injuries (describe) \_\_\_\_\_

\_\_\_\_\_ chronic, serious health problems (describe) \_\_\_\_\_

Prescribed Medications: Yes \_\_\_ No \_\_\_ Please list:

**CHILD/ADOLESCENT INFORMATION FORM, p2.**

Does the patient smoke cigarettes? Yes/No

Has the patient used alcohol? Yes/No

Current use: \_\_\_\_\_

Has the patient used recreational drugs? Yes/No

Current use: \_\_\_\_\_

Has the patient ever been hospitalized for psychiatric reasons? Yes/No

Dates of hospitalization: \_\_\_\_\_

Has the patient ever been in outpatient psychotherapy? Yes/No If yes, when \_\_\_\_\_

Who was the therapist? \_\_\_\_\_

**FAMILY AND SCHOOL HISTORY**

Parents' marital status:

\_\_\_\_\_ single, never married \_\_\_\_\_ married for \_\_\_\_\_ years

\_\_\_\_\_ separated for \_\_\_\_\_ years \_\_\_\_\_ divorced for \_\_\_\_\_ years

\_\_\_\_\_ divorce in process for \_\_\_\_\_ mother deceased for \_\_\_\_\_ years

\_\_\_\_\_ months \_\_\_\_\_ father deceased for \_\_\_\_\_ years

How many siblings does the patient have? \_\_\_\_\_ Ages \_\_\_\_\_

How many step/half-siblings does the patient have? \_\_\_\_\_ Ages \_\_\_\_\_

If parents are re- married, please complete the following statements:

\_\_\_\_\_ Mother/father is currently remarried to \_\_\_\_\_

What year were they married? \_\_\_\_\_

Any additional marriages? Yes/no How many? \_\_\_\_\_

\_\_\_\_\_ Father/mother is currently remarried to \_\_\_\_\_

What year were they married? \_\_\_\_\_

Any additional marriages? Yes/No How many? \_\_\_\_\_

\_\_\_\_\_ Mother/father is living with someone. They have lived together for \_\_\_\_\_ years.

\_\_\_\_\_ Father/mother is living with someone. They have lived together for \_\_\_\_\_ years.

Name of current school: \_\_\_\_\_

School phone: \_\_\_\_\_ Current grade: \_\_\_\_\_

Name of teacher: \_\_\_\_\_

Does your child have an IEP or 504 plan? Yes/ No

What year did it start? \_\_\_\_\_

Parent completing form: \_\_\_\_\_

Signature of Parent Completing form: \_\_\_\_\_ Date: \_\_\_\_\_

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