



Cognitive Renewal, Inc.,  
a Licensed Clinical Social Worker

### CHILD AND ADOLESCENT DEVELOPMENTAL HISTORY

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Ethnicity \_\_\_\_\_ Language(s) \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Family Members	Age	Education	Occupation/School
Mother	_____	_____	_____
Father	_____	_____	_____
Stepmother	_____	_____	_____
Stepfather	_____	_____	_____
Siblings:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### TREATMENT ISSUES

1. Supports and Strengths – List Three For Each Category
  - a. Strengths of Child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Strengths of Family: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Community Supports: \_\_\_\_\_  
\_\_\_\_\_



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d. Active Professionals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Presenting Problems/Concerns – Identify Frequency/Duration of Each Problem Area:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. History of Prior Mental Health Treatment – Include Dates, Type of Service and Frequency of Service and Service Provider:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. History of Psychiatric Hospitalizations? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Include Dates and Current Evaluation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Current Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Rationale for Requesting Therapeutic Support:

\_\_\_\_\_  
\_\_\_\_\_



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7. Does the Child or Family Have Substance Abuse Issues? List Substances Used, Frequency, Duration:

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8. Targeted Symptoms and Behaviors to be Treated:

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9. Are There Any Safety Concerns:

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10. Who Will Be Active Participants in Treatment?

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11. Does the Child Have an Individualized Educational Plan (IEP) for Special Education? If So, Please Provide a Copy.

Special Ed Category: \_\_\_\_\_

School: \_\_\_\_\_

District: \_\_\_\_\_

Attach a Current, Full Copy of IEP.

12. Does the Child Have Behavioral Issues in School?

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**DSM-IV CURRENT DIAGNOSIS**

BY WHOM, TITLE, DATE:

AXIS I \_\_\_\_\_  
AXIS II \_\_\_\_\_  
AXIS III \_\_\_\_\_  
AXIS IV \_\_\_\_\_  
AXIS V \_\_\_\_\_