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MINOR HISTORY

Date_____

Relationship_____

Child's Name_____ Birthdate_____ Age_____

Mother's
Name_____ Birthdate_____ Occupation_____

Mother's Home Address_____ zip_____

Home Phone_____ Email_____

Workplace_____ Duration_____

Work Phone_____ Address_____

Father's
Name_____ Birthdate_____ Occupation_____

Father's Home Address_____ zip_____

Home Phone_____ Email_____

Workplace_____ Duration_____

Work Phone_____ Address_____

Parent's Relationship Status
Married_____ Separated_____ Divorced_____ Never Married_____

Other_____

Child's legal custodian_____

Referred by_____

Presenting Problem(s)

What caused you to seek therapy for your child *now*?

Describe parent's efforts to solve the problem(s)

Child's

School _____ **Grade** _____

School Address _____

Please Rate the Following (scale 1 - 10, 10 being perfection)

Grades _____ **Attendance** _____ **Social Skills** _____

Describe child's deficits _____

Describe any special programming or help your child is currently receiving

What are the child's likes and dislikes about school?

Number of siblings & names _____

Name the family members and the percentage time child spends with each

Name	Percent time spent
_____	_____%
_____	_____%

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Name _____ Percent time spent _____
% _____

Name _____ Percent time spent _____
% _____

Name _____ Percent time spent _____
% _____

Name the other *non-family* members that are important to your child

_____ % _____

Name _____ Percent time spent _____
% _____

Name _____ Percent time spent _____
% _____

Name _____ Percent time spent _____

Development and Health History

Pregnancies _____

Deliveries _____

Notes on Adoption _____

Notes on early life (breast fed or not, weaning, sleep patterns, etc.)

Did your child meet the developmental milestones similar to other similar aged friends or family? Please insert the age in each.

sit _____ crawl _____ walk _____ feed self _____ first words _____

bladder control _____ bowel control _____ dresses self _____

reading _____ Other comments _____

List accidents _____

Injuries _____

Surgeries _____

Speech difficulties _____

Medications _____

Pediatrician _____ Phone _____

Previous mental health care?

Describe _____

Provider & location _____

Social

Describe your child's relationships with Siblings _____

Relatives _____

Friends/Peers _____

Describe your relationship with your child _____

Describe the relationship between your child and the other adult/parent _____

Who disciplines the child _____

How _____

Chores _____

Describe child's performance of chores _____

Special skills and talents _____

Hobbies/favored recreational activities _____

