Anita M. Katz, PMHNP
5200 SW Macadam • Suite 312
Portland, OR 97239
ph. (503) 764-9508 fax (503) 764-9558

CHILD HISTORY FORM (CLIENT)

Directions: Please fill out as completely as possible. If you are filling this out for your child, please answer the questions from your own perspective. This will help me best meet you and/or your child's needs.

CHILD'S NAME:_____ DATE: _____

PARENT NAME:_____ DATE: _____

Presenting Problem: (Please check all of your concerns)

☐ Fear of hurting yourself	☐ Irresponsible	☐ Repetitive thoughts
☐ Fear of hurting someone else	☐ Irritable	☐ Repetitive behaviors
☐ Self-injury	☐ Angry	☐ Sees things others do not
☐ Fire-setting	☐ Sad most of the time	☐ Hears things others do not
☐ Legal problems	☐ Fatigue	☐ Difficulty getting to sleep
☐ Traumatic event	☐ Frequent mood changes	☐ Difficulty staying asleep
☐ Bed-wetting	☐ Feeling anxious/fearful	☐ Wanders during night
☐ Harmful to animals	☐ Tearful	☐ Frequent nightmares
☐ Argumentative	☐ Easily distractible	☐ Drug/alcohol use
☐ Unable to keep friends	☐ Difficulty concentrating	☐ Tics/involuntary movements
☐ Secretive	☐ Impulsive	☐ Pre-occupied with sex
☐ Lying	☐ Memory problems	☐ Sexual problems
☐ Stealing	☐ Lacks confidence	☐ Frequent complaints of illness
☐ Aggressive toward others	☐ Has lost interest in activities/friends	☐ Appetite changes
☐ Destructive to property	☐ Prefers to be alone	☐ Recent weight loss or gain
☐ Access to weapons	☐ Racing thoughts	☐ Picky eater
☐ Hopelessness	☐ Confused a lot	☐ Other
☐ Helplessness	☐ Overly energetic	
☐ Blames others	☐ Grandiose	