



SOCIAL HISTORY

INSTRUCTIONS: This packet should be completed by the parent(s) or guardian(s) of the Young Walker. If both parents live in the home with the child it is highly recommended that the parents complete this packet together. *If only one parent is able to complete the packet it should be the parent that has the most recent contact with the child.* Please note: The child that you are enrolling in ANASAZI will be referred to as the CHILD throughout this packet.

FAMILY INFORMATION and DEMOGRAPHICS

Child's Name: _____
Date of Birth: _____
Age: _____
Gender: M / F
Ethnicity: Asian
 African American/Black
 Anglo/White/Caucasian
 Latino/Hispanic
 Middle Eastern
 Multi-racial
 Native American
 Pacific Islander
 Other: _____

Today's Date: _____
History completed by: _____
Relationship to child: _____
Who has legal custody of the child? _____
(Please provide court documents relating to custody.)
With whom does the child usually live? _____
Did the birth mother have a normal pregnancy ? Y / N
If No, explain _____

Check Developmental milestones that were reached on time:
Walk (9-18mos)_____ Talk (9-18mos)_____
Toilet train (30-48 mos)_____ Read (5-6 years)_____
If not met on time, explain _____

Is the child Adopted? Y / N At what age? _____

Referral source (name and contact information): _____

Please describe the primary reason(s) or concern(s) that have led you to enroll your child in ANASAZI at this time
(please list in order of concern—1 being the greatest):

AREA OF CONCERN

PLEASE EXPLAIN

1. _____
2. _____
3. _____

Please describe your child's strengths:

1. _____
2. _____
3. _____

Office Use

Has your family ever been involved with any Child Protective Services Agency? Y / N

Please Explain: _____

To the best of your knowledge, has your child ever been abused:

- Physically Please explain: _____
- Sexually _____
- Emotionally _____

Peers

How would you describe your child's social relationships?

List any friends or groups that are an influence on your child:

Name (or Group)	Age(s)	Gender	Very poor	Poor	Average	Good	Very good	Types of activities

At what age was it acceptable for your child to start dating? _____

Did they comply? Y / N

To the best of your knowledge, is your child sexually active? Y / N

Is this a concern for you? _____

With one partner or multiple partners? _____

Has your child been pregnant (if a girl) or fathered a child (if a boy)? Y / N

Has your child been tested for STD's? Y / N Unsure: _____

To the best of your knowledge, how involved is your child with pornography?

Please explain (how long?, what type?, is this a concern, etc.)

Violence/Gangs

	# of times	What age?	# citations	# of arrests	Description
Cruelty to animals					
Playing with fire					
Any gang related activity/association					
Threatened assault					
Assault					
Physical fight outside the home					
Destruction of property					
Sex offense					
Self-mutilation (cutting, burning, etc.)			---	----	
Attempted suicide			---	----	
Talked about suicide			---	----	
Planned suicide			---	----	
Other					

Other Illegal or Risky Behaviors

	# of times	What age?	# citations	# of arrests	Description
Curfew violation					
Possession of Tobacco					
Possession of Alcohol					
Possession of Drugs					
Drug trafficking					
Runaway					
Shoplifting					
Robbery/Burglary					
Motor vehicle theft					
High risk/dangerous activities					
Dietary restriction			---	---	
Food binging/purging			--	--	
Refusal of self-care			---	---	
Medication refusal			---	---	
Other					

Community

Date(s)	AA/NA/CA	Boys/Girls Club	Religious	School counseling	YMCA	Length of service	Name of facility	Reason for Treatment	Outcome + Positive - Negative 0 Neutral

Please list ANY psychotropic medications (i.e. for mental/behavioral health) your child has taken in the past 6 months. Please list them starting with the MOST RECENT FIRST.

Medication name	Dose (Mg)	Times per day	When first started	Last change in dose	Last dose taken	Compliant?	Who prescribed this medication?	Reason prescribed	Side effects?

What do you estimate has been the total cost of mental health/behavioral health treatment for your child prior to but NOT including ANASAZI? (Please include out-of-pocket costs, insurance benefits and/or third party resources)

EMPLOYMENT HISTORY

Has your child ever held a paid position (job)? Y / N (please list)

Job Title	Description	Age	Begin/end dates	Outcome (fired, laid off, quit, etc.)

