



**COLUMBUS  
PSYCHOLOGICAL  
ASSOCIATES, L.L.P.**

2325 BROOKSTONE CENTRE PARKWAY / COLUMBUS, GA 31904  
PHONE: (706) 653-6841  
FAX: (706) 653-7843

**CHILD OUTPATIENT PSYCHOSOCIAL HISTORY**

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE PACKET COMPLETED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF PERSON COMPLETING THIS PACKET: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

**I. PRESENTING PROBLEMS**

WHAT ARE THE PROBLEMS OF THE CHILD AND /OR FAMILY THAT LED YOU TO SEEK HELP?

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\_\_\_\_\_

**II. HEALTH**

A. **GENERAL** – DESCRIBE THE CHILD'S HEALTH PROBLEMS, IF ANY, INCLUDING SLEEPING OR EATING PROBLEMS. IF YOUR CHILD IS A TEENAGER, DO YOU SUSPECT CIGARETTE SMOKING, ALCOHOL OR DRUG USEAGE, SEXUAL ACTIVITY? ARE THERE ANY OTHER DIFFICULTIES?

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B. **MEDICAL INFORMATION** – TELL OF SPECIFIC ILLNESSES, DATES, ETC. INCLUDE ANY OPERATIONS, INJURIES, CONVULSIONS, ETC. IF MEDICATIONS ARE BEING PRESCRIBED, PLEASE LIST. ARE THERE ANY KNOWN ALLERGIES?

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**III. DEVELOPMENTAL HISTORY OF THE CHILD**

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**IV. SCHOOL ADJUSTMENT**

PRESENT SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

WHAT KIND OF GRADES DOES HE/SHE MAKE? TELL OF ANY COMMENTS BY TEACHER(S). DESCRIBE YOUR CHILD'S RELATIONSHIP WITH TEACHERS AND CLASSMATES. DESCRIBE ANY FEARS OR DIFFICULTIES IN GETTING THE CHILD TO GO TO SCHOOL. NOTE ANY CHANGES IN SCHOOL ADJUSTMENT.

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**V. EMOTIONAL ADJUSTMENT**

HOW WOULD YOU DESCRIBE YOUR CHILD? FOR EXAMPLE, IS HE/SHE SENSITIVE, SHY, TIMID, INFERIOR, FEARFUL, ASSERTIVE, REBELLIOUS, STRONG-WILLED, AGGRESSIVE? HOW DO YOU THINK HE/SHE IS EMOTIONALLY? DOES YOUR CHILD EXPRESS FEELINGS? TALK ABOUT FEELINGS? HOW IS ANGER AND SADNESS EXPRESSED?

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**VI. CURRENT FAMILY**

DESCRIBE YOUR FAMILY AS INDIVIDUALS AND AS A GROUP. DESCRIBE THE RELATIONSHIP BETWEEN YOU AND YOUR SPOUSE AND WHAT EFFECT, IF ANY, IT HAS ON YOUR CHILD'S PROBLEMS. DESCRIBE HOW YOU SEE YOUR CHILD RELATING TO THE PARENTS AND SIBLINGS. HOW DO YOU HANDLE DISCIPLINE? HOW IS ANGER AND SADNESS EXPRESSED?

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**VII.** WHAT IS YOUR RELIGIOUS AFFILIATION AND ARE YOU ACTIVELY PRACTICING YOUR FAITH? \_\_\_\_\_

**VIII.** WHAT IS THE EXTENDED FAMILY'S INVOLVEMENT WITH YOU AND YOUR CHILD? ARE THERE CONFLICTS OR SUPPORTS?

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**IX.** ARE THERE ANY SIGNIFICANT HEALTH PROBLEMS AMONG FAMILY MEMBERS?

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**X.** HAVE THERE BEEN SIGNIFICANT LOSSES? DO YOU THINK YOUR CHILD HAS EXPERIENCED TRAUMA? PLEASE DESCRIBE:

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**XI. ECONOMIC CONDITION**

A. WHAT FINANCIAL PROBLEMS DO YOU HAVE? INCLUDE, IF POSSIBLE, COMMENTS ON YOUR BUYING, SPENDING AND PAYING HABITS. DO YOU WORRY ABOUT "DEBTS"? ARE "MONEY PROBLEMS" A SOURCE OF CONFLICT IN YOUR HOME?

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B. WHAT IS THE SOCIAL INVOLVEMENT OF THE PARENTS? (FRIENDS/ACTIVITIES)

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**XII.** HOW DO YOU SEE YOUR CHILD RELATING SOCIALLY?

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**XIII.** WHAT IS YOUR GREATEST FEAR FOR YOUR CHILD? WHAT ARE YOUR HOPES?

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THANK YOU FOR TAKING THE TIME TO COMPLETE THIS PACKET