



# 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 \_\_\_\_\_  
 \_\_\_\_\_  
 Did the child reach developmental milestones on time? Y / N  
 If No, 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—I being the greatest):*

### AREA OF CONCERN

### PLEASE EXPLAIN

- |    |  |  |
|----|--|--|
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

Please describe your child's strengths:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



## Family

Has your child experienced any of the following traumatic events?

Please check all that apply and explain the circumstances, year of the event, and impact that each of these events has had on your child's life (use the back of this page if more space is needed):

EVENT	CHECK	PLEASE EXPLAIN
Death of a Family Member		
Death of a Close Friend		
Death of a Pet		
Family Relocation		
Parental Conflict		
Divorce/Separation		
Major Illness/Disability/Injury		
Sibling Leaving Home		
Remarriage of a Parent		
Significant Sibling Conflict		
Arrest/Incarceration of a Family Member		
Other		

### Office Use

What activities does the family enjoy participating in as a group?

- \_\_\_\_\_ Does your child participate? Y / N
- \_\_\_\_\_ Does your child participate? Y / N
- \_\_\_\_\_ Does your child participate? Y / N
- \_\_\_\_\_ Does your child participate? Y / N

What is the family's primary religious affiliation: \_\_\_\_\_

Does the family participate in religious activities? Y / N

Does your child participate? Y / N

Please describe your child's participation in:

	Very low	Low	Moderat	High	Very High
Church/Temple/Synagogue attendance					
Prayer					
Reading (scripture, religious materials)					
Compliance with religious behaviors and values					
Attitude towards religious leaders/clergy					

Does the child express enjoyment/satisfaction through participation? Y / N

Does your child believe in God? Y / N Please explain: \_\_\_\_\_

What kind of discipline/consequences has been used with your child?

- \_\_\_\_\_ Child's response? \_\_\_\_\_
- \_\_\_\_\_ Child's response? \_\_\_\_\_
- \_\_\_\_\_ Child's response? \_\_\_\_\_
- \_\_\_\_\_ Child's response? \_\_\_\_\_

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.)

\_\_\_\_\_

## CHILD BEHAVIORS

### Emotions

Please describe how your child's feelings are expressed (use the back of this page if needed):

	Almost always	Frequently	Sometimes	Rarely	Never	How is it expressed?	When does it happen most?	Has this been treated before?	Ever taken medication for this?
Anger									
Frustration									
Sadness									
Depressed									
Fearful									
Anxious									
Guilt									
Other									

What coping methods does your child use to deal with their feelings? \_\_\_\_\_

\_\_\_\_\_

### Substance Abuse

	No use	Experiment	Monthly	Weekly	Daily	When did your child begin using? (Age, event)	With whom does your child use ?	When did your child last use this?	Any family history of problems with this?
<b>Tobacco</b>									
<b>Alcohol</b>									
<b>Cannabis</b> (Marijuana)									
<b>Amphetamine</b> (Speed, crystal Meth.)									
<b>Cocaine</b> (Crack)									
<b>Hallucinogens</b> (LSD, Mushrooms)									
<b>Inhalants</b> (gas, glue, Nitrus Oxide)									
<b>Opiates</b> (Derion, Demerol, Oxycontin, Percocet, Heroine)									
<b>PCP/Retalar</b> (angel dust)									
<b>Sedatives</b> (sleeping pills)									
<b>Club Drugs</b> (Ecstasy, Special K)									
<b>Other:</b>									

## 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 Activity/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					
Other					



Please indicate your child's attitude and aspirations towards school:

Attitude

- Hates
- Dislikes
- Tolerates
- Likes
- Loves

Aspirations

- Dropped out prematurely
- Will drop out soon
- Attend high school for a while
- Graduate from high school/GED
- Attend vocational/trade school
- Attend College
- Finish College/vocational/trade school

---



---



---



---



---



---



---



---

**TREATMENT HISTORY**

Please provide a thorough account of ALL mental health/behavioral health treatment your child has received, starting with the MOST RECENT FIRST. If you are seeking insurance approval for benefits, be specific and detailed regarding dates, length of treatment, names of counselors and facilities.

**Outpatient**

**Office Use**

Date(s)	Individual	Group	Family	Day treatment	Approx # of times	Name of Counselor	Reason for Treatment	Outcome + Positive - Negative 0 Neutral

**Inpatient**

**Office Use**

Date(s)	Hospitalization	Residential	Half-way house	Group home	Wilderness	Length of stay	Name of facility	Reason for Treatment	Outcome + Positive - Negative 0 Neutral



**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.)

**AFTERCARE PLANNING**

After your child completes ANASAZI, with whom will your child live?

- Both parents
- Mother
- Father
- Other family member: \_\_\_\_\_
- Self/roommates
- Other: \_\_\_\_\_

Will your child return to the school they are currently enrolled in? Y / N

What other educational plans do you have for your child? \_\_\_\_\_  
 \_\_\_\_\_

Who has been a positive influence in your child’s life that may be available for after care help?

- Grandparent       Sibling       Coach       Teacher       Spiritual leader
- Therapist       Neighbor       Peer       Other family member
- Other: \_\_\_\_\_

**After Care Treatment Plan**

Check all that apply:

*Long-term Treatment*

*Therapy*

*Community services*

Boarding school	Therapeutic boarding school	Residential treatment center	Other (list)	Transition program	Intensive out-patient	Out-patient	None	AA	NA	Religious	Boy/Girl club	Other

Please indicate program name(s) and/or providers: \_\_\_\_\_  
 \_\_\_\_\_

**OTHER INFORMATION**

Please provide any other pertinent information not covered in this history that may assist ANASAZI in developing an individualized plan to help your child and family. Add additional sheets of paper as necessary.