



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?

1. _____ Does your child participate? Y / N
2. _____ Does your child participate? Y / N
3. _____ Does your child participate? Y / N
4. _____ 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?

1. _____ Child's response? _____
2. _____ Child's response? _____
3. _____ Child's response? _____
4. _____ 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 |
|-----------------|--------|--------|-----------|------|---------|------|-----------|---------------------|
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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? |
|--|--------|------------|---------|--------|-------|---|---------------------------------|------------------------------------|---|
| Tobacco | | | | | | | | | |
| Alcohol | | | | | | | | | |
| Cannabis (Marijuana) | | | | | | | | | |
| Amphetamine (Speed, crystal Meth.) | | | | | | | | | |
| Cocaine (Crack) | | | | | | | | | |
| Hallucinogens (LSD, Mushrooms) | | | | | | | | | |
| Inhalants (gas, glue, Nitrus Oxide) | | | | | | | | | |
| Opiates (Derion, Demerol, Oxycontin, Percocet, Heroine) | | | | | | | | | |
| PCP/Retalar (angel dust) | | | | | | | | | |
| Sedatives (sleeping pills) | | | | | | | | | |
| Club Drugs (Ecstasy, Special K) | | | | | | | | | |
| Other: | | | | | | | | | |

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 |
|---------|------------|-------|--------|---------------|-------------------|-------------------|----------------------|--|
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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 |
|---------|-----------------|-------------|----------------|------------|------------|----------------|------------------|----------------------|--|
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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 |
|---------|----------|-----------------|-----------|-------------------|------|-------------------|------------------|----------------------|--|
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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? |
|-----------------|-----------|---------------|--------------------|---------------------|-----------------|------------|---------------------------------|-------------------|---------------|
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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.) |
|-----------|-------------|-----|-----------------|---------------------------------------|
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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.