Basset
Psychological Services, LLC

History and Background Information Form

Please complete this form and bring to your initial appointment. Contact our office with any questions or concerns.

Client Name___________________________________**Date**_________________________

Person completing form_________________________**Relationship**__________________

Presenting Problem

*Describe your reasons for seeking services, **starting** with the **most important**.*

A.

B.

C.

D.

*Please check any **past** or **current issues** that apply to the client:*

- ❑ Anxiety/ Worry/ Nervousness
- ❑ Panic Attacks
- ❑ Irritability/ Impatience/ Anger
- ❑ Difficulty w/ Focus or Concentration
- ❑ High Energy/ Hyperactivity
- ❑ Low Energy/ Fatigue
- ❑ Low Motivation
- ❑ Low Self Esteem
- ❑ Depression/ Feeling Sad or Blue
- ❑ Eating problems
- ❑ Weight Concerns
- ❑ Recent Death(s) of a loved one
- ❑ Parental Divorce/ Separation
- ❑ Major family changes
- ❑ Physical Abuse*
- ❑ Sexual Abuse*
- ❑ Neglect of basic needs*

Please note limited confidentiality

- ❑ Aggression
- ❑ Defiant or oppositional behavior
- ❑ Frequent Tantrums
- ❑ Conduct Problems
- ❑ Parent-child conflict
- ❑ Sibling conflict
- ❑ Learning problems/ Poor Grades
- ❑ Suicidal Thoughts or Statements
- ❑ Sleep Problems (Too much/ Too little)
- ❑ Frequent moves/relocations
- ❑ Stealing
- ❑ Lying
- ❑ Chronic Medical Issues
- ❑ Other: ____________________

Family History and Information

Please list all **immediate family members** and other individuals who live with or play an important role in the client's life.

Household Member Names	Relationship	Age	Occupation/ School	Level of Education	Quality of Relationship

What are some things your family **enjoys doing together**? ___________________________________

____

____

____

Please list **residences** below:

From	To	Location	With whom?	Reason for moving	Any problems?

Behavioral/Mental Health History

Has client had a psychological evaluation? Yes No

Has client been diagnosed with any mental or behavioral health problems (ADHD, Depression, Anxiety, disruptive behavioral disorder, etc.)? Yes No

If yes, please describe____

Any past or current therapy or counseling? Yes No

If yes, please list such treatment below:

When (age of child)	With Whom (Name of treatment provider)	Why (presenting problem or diagnosis)	Outcome (Was treatment helpful/effective)

Has client been prescribed medication for a behavioral/mental health condition?
(e.g., ADHD, Depression, Anxiety, etc.) Yes No

If yes, please list current and past behavioral health medications below:

Medication	Prescribing Physician	Start Date	End Date	Helpful?

Has client ever been hospitalized for emotional/behavioral problems? Yes No

If yes, when & why____

Family History of behavioral/mental health and substance abuse

Please indicate any family history of **mental/behavioral health concerns or substance abuse** (parents, siblings, grandparents, aunts, uncles):

Family member (relationship to the client)	Condition	Ever received treatment/ intervention?

Physical Health History and Information

Has the client been **diagnosed** with **any ongoing medical problems** (*Ex: Irritable Bowel, Migraines, etc.*)? Yes No

If yes, please describe____

1. *Please* ***check off if you have had any of the following****:*

- ❑ Asthma or breathing problems
- ❑ Seizures or Convulsions
- ❑ Fever above 104
- ❑ Allergies
- ❑ Been Hospitalized
- ❑ Physical Therapy (PT/ OT)
- ❑ Tics or Twitches
- ❑ Had Surgery
- ❑ Speech Therapy

- ❑ Major injuries or accidents
- ❑ Lost Consciousness
- ❑ Weight Problems
- ❑ Hearing Problems
- ❑ Vision Problems
- ❑ Frequent Ear Infections

Explain any checked above:____

____

Please list any **current medication**, not listed above:

Current Medications	Reason	Who prescribes

Do you have any **concerns** about your **eating habits**?

Picky eater   Eats too little   Eats too much   Binges   Vomits Frequently   Poor diet
Restricted diet   Other: ____________________________

School/Employment History and Information

Current School	Current Teacher	Grades Attended

Previous Schools	Grades Attended

	Yes	No	If yes, please explain.
Current disciplinary problems at school?	❑	❑	________________________
Past disciplinary problems at school?	❑	❑	________________________
Current academic problems at school?	❑	❑	________________________

Past academic problems at school? ❑ ❑ ____________________________

Ever been **held back**? ❑ ❑ If yes, what grade___________

Ever had an **IEP or 504 plan**? ❑ ❑

If yes, describe reason & accommodations____

Current employment

____

Past employment

____

	Yes	**No**	If yes, please explain.
Any problems at **current** job?	❑	❑	____________________________
Any problems at **past** jobs?	❑	❑	____________________________

Social Functioning

List any concerns about **friendships or interactions with peers**?

____

____

Current dating relationship status____

Any concerns about dating relationships____

List **hobbies, sports; recreational, musical, interests, and toy preferences**; etc.:

____

____

What are your personal **strengths**? ____

____

Substance Use

	Yes	**No**	If yes, please explain.
Alcohol use	❑	❑	____________________________
Drug use	❑	❑	____________________________
Smoking	❑	❑	____________________________
Vaping	❑	❑	____________________________

Legal

Please list any **legal difficulties** among immediate family members such as arrests or incarcerations or involvement in lawsuits/litigation?____
____

Other

Is there anything else I should know that doesn't appear on this or other forms, but that is or might be important?

____
____
____