









CHILD'S CURRENT HEALTH HABITS			
<b>Current Height:</b>		<b>Current Weight:</b>	
<b>Bedtime, School year:</b>	<b>Waking time, School year:</b>	<b>Bedtime, Summer:</b>	<b>Waking time, Summer:</b>
<b>Diet</b>	<b>Comments on habits &amp; preferences (e.g.: regular meals OR snacks; well balanced diet OR missing food groups; preference for sweets, carbohydrates)</b>		
<b>Sleep</b>	<b>Comments on current and past sleep patterns (e.g.: difficulty falling asleep, staying asleep, wake early and unable to fall back asleep; past periods of disturbed sleep; wake tired or moody)</b>		
<b>Fears</b>	<b>Comments on pattern of worries, fears, or anxieties; any concerns</b>		
<b>Sadness</b>	<b>Comments on mood changes; intensity; consistency; onset &amp; recovery; any concerns</b>		
<b>Anger</b>	<b>Comments on irritability; quickness &amp; intensity of anger; onset &amp; recovery any concerns</b>		

ADOPTED CHILDREN ONLY		
<b>Country of Origin</b>	<b>First Language</b>	<b>Age at Adoption</b>
<b>Care Before Adoption</b>		
<b>Additional Comments</b>		

<b>ADOLESCENTS ONLY</b>	
<b>Responsibilities</b>	<b>Handling of chores at home, school work, &amp; other commitments</b>
<b>Employment</b>	<b>Current and past employment, including babysitting; hours worked weekly; how well job responsibilities are handled; feedback from employer(s)</b>
<b>Friends</b>	<b>Quality of peer relationships; stability of friendships; isolation; changes in peer group; choice of friends; secrecy about activities with friends;</b>
<b>Adults</b>	<b>Quality of relationships with non-familial adults (e.g., teachers, neighbors, parents of peers)</b>
<b>Dating</b>	<b>Current and past dating; duration of relationships; parent level of information about partners, level of comfort with partners; active sexual involvement &amp; contraception use</b>
<b>Substance Use</b>	<b>Use of caffeine (coffee, tea, colas); tobacco; alcohol; marijuana; other off-the-shelf, legal, or illegal drugs; first use; current frequency of use; concerns</b>

Feel free to include any appropriate written materials (school papers, teacher comments, written reports, informal notes) that can help me to better understand the full nature of your current concerns and also how past events relate to these concerns. Thank you for taking the time to complete this form, which will help me with assessment and with planning and recommendations.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date