

Psychological Services of Pendleton, LLC  
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**CHILDHOOD HISTORY**  
(To be completed by child's parent or guardian)

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

GENDER: MALE FEMALE YOUR RELATIONSHIP TO CHILD: \_\_\_\_\_

SCHOOL NAME & ADDRESS: \_\_\_\_\_

SCHOOL PHONE NUMBER: \_\_\_\_\_ TEACHER'S NAME: \_\_\_\_\_

SPECIAL PLACEMENT (IF ANY): \_\_\_\_\_ GRADE: \_\_\_\_\_

DESCRIBE YOUR CHILD'S PROBLEMS IN ORDER OF DIFFICULTY:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

HOW ARE THE ABOVE PROBLEMS IMPACTING YOUR CHILD'S LIFE?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

HOW ARE THE ABOVE PROBLEMS IMPACTING YOUR FAMILIES LIFE?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**FAMILY HOUSEHOLD MEMBERS**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

**STEPFAMILY MEMBERS (IF APPLICABLE)**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

PARENT HISTORY INFORMATION:

MOTHER OR STEPMOTHER'S INFORMATION

MOTHER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

MOTHER'S EMPLOYER: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

MOTHER'S EDUCATION

HIGHEST GRADE COMPLETED: \_\_\_\_\_ DATE: \_\_\_\_\_

LEARNING PROBLEMS: \_\_\_\_\_

ATTENTION PROBLEMS: \_\_\_\_\_

BEHAVIOR PROBLEMS: \_\_\_\_\_

MEDICAL PROBLEMS: \_\_\_\_\_

HAVE ANY OF THE MOTHER'S BLOOD RELATIVES EXPERIENCED PROBLEMS SIMILAR TO THOSE OF YOUR CHILD?

FATHER OR STEPFATHERS INFORMATION

FATHER'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

FATHER'S EMPLOYER: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

FATHER'S EDUCATION

HIGHEST GRADE COMPLETED: \_\_\_\_\_ DATE: \_\_\_\_\_

LEARNING PROBLEMS: \_\_\_\_\_

ATTENTION PROBLEMS: \_\_\_\_\_

BEHAVIOR PROBLEMS: \_\_\_\_\_

MEDICAL PROBLEMS: \_\_\_\_\_

HAVE ANY OF THE FATHER'S BLOOD RELATIVES EXPERIENCED PROBLEMS SIMILAR TO THOSE OF YOUR CHILD?

CHILD IS PRESENTLY LIVING WITH:

- NATURAL MOTHER       NATURAL FATHER
- ADOPTIVE MOTHER     ADOPTIVE FATHER
- FOSTER MOTHER        FOSTER FATHER
- STEPMOTHER           STEPFATHER
- OTHER                  OTHER

PLEASE SPECIFY OTHER: \_\_\_\_\_

HOW MANY RESIDENCES HAS THE CHILD LIVED IN SINCE BIRTH? \_\_\_\_\_

IF MORE THAN ONE, EXPLAIN: \_\_\_\_\_

**(OPTIONAL)** WHAT IS YOUR FAMILY'S RELEGION? \_\_\_\_\_

**(OPTIONAL)** DOES YOUR FAMILY ATTEND CHURCH REGULARLY? \_\_\_\_\_

If the child's biological parents have DIVORCED/ SEPERATED/ OR ARE OTHERWISE NOT TOGETHER, please describe the child's emotional environment for which the child resided in and how the child reacted emotionally and behaviorally to the separation at that time.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please also described the emotional environment of the NON-CUSTODIAL parent's household at the time of separation and the child's emotional and behavioral reactions when visiting or returning.

\_\_\_\_\_  
\_\_\_\_\_

BIRTH MOTHER'S PREGNANCY & DELIVERY

MOTHER'S AGE AT THE TIME OF PREGNANCY: \_\_\_\_\_