

Edgewood Children's Center
CHILD BACKGROUND INFORMATION FORM

Child's Name _____ Birthday _____

Your Name _____ Relationship to Child _____

Describe child's behaviors:

What is the reason your child is being referred to Edgewood Children's Center now? Has he/she ever received services from ECC before?

Mother's information:

Name:

Age:

Address:

Phone:

Father's information:

Name:

Age:

Address:

Phone:

Siblings names and ages:

How does the child get along with adults? Other children? Family members?

Medical history of child (please include any current or past medical problems or restrictions.):

Child's psychological development. Has the child ever functioned better than he is doing now?

Child's school history (please list schools your child has previously attended.)

Does your child have a history of using alcohol or drugs?

Mental Health treatment history (please list current and past medications, hospitalizations, therapists, or other related services.)

Is there court involvement with the child currently or in the past?

List any religious/spiritual needs the child has.

Please list any special needs the child has in any of the following areas:

Physical:

Familial:

Social:

Psychological:

Life Skills:

Play/Recreation:

Hobbies/Interests:

Support Network:

Emergency Health Needs:

Please list the names of the child's primary support system (friends, relatives, organizations):

Does your child have any specific nutritional needs?

What are the expectations of the parents/guardian regarding placement at Edgewood Children's Center (concerning family involvement and length of placement)?

What is the child's understanding of and reaction to placement?

Is there anything else you that would be helpful for us to know about the child?