LICENSED OKLAHOMA STATE
BOARD OF EXAMINERS
OF PSYCHOLOGISTS

CLINICAL PSYCHOLOGY

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CHILD BACKGROUND INFORMATION

(To be completed by parent or guardian)

Today's Date: _____

Name of Child: _____ Birth Date: _____

SSN: _____ Grade in School: _____ Age: _____ Sex: Male Female

Information on Parents:

Marital Status: _____

Father's Name: _____ Age: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (___) _____ Occupation: _____

Employer: _____ Business Phone (___) _____

Mother's Name: _____ Age: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (___) _____ Occupation: _____

Employer: _____ Business Phone (___) _____

Names and Ages of Siblings: _____

_____

Name, Age, and Relationship of Others Living in the Home: _____

_____

INSURANCE INFORMATION: Name of Insurance Company: _____

Group Number: _____ ID Number: _____

Name of Insured: _____ SSN: _____

(Go to next page, please…)

Please Describe the Problem(s) Your Child is Now Experiencing and When They Began: _____

_____

_____

_____

How Have These Problems Been Dealt With?: _____

_____

Have You Previously Sought Professional Help For These Problems?: _____ If Yes, Please Explain:

_____

_____

Briefly Describe What You Think is Causing These Problems: _____

_____

_____

Who Referred You? _____

Were There Any Complications During Pregnancy With This Child? _____

Were Labor and Delivery Normal? _____ If No, Please Explain: _____

_____

Were Developmental Milestones Reached at the Appropriate Ages? (e.g. walking, talking…) _____

If No, Please Explain: _____

_____

Has This Child Ever Experienced Difficulties in Eating, Sleeping, Bowel and Bladder Habits? _____

If Yes, Please Explain: _____

Please List Current and Past Significant Illnesses or Hospitalizations: _____

_____

List Medications and Dosages Which Child is Now Taking: _____

_____

Name of Pediatrician: _____

Schools Attended: _____

General Academic Performance: _____

(Go to next page, please…)

Dose This Child Have Any Difficulty With His/Her Friiends? _____

_____

Does This Child Have Adequate Opportunity to be With Other Children? _____

_____

List Any Special Interests or Hobbies This Child Enjoys: _____

_____

Misc. Information: _____

_____

X_____
Signature of Person Completing This Form