HEGIRA HEALTH, INC.

PARENT/GUARDIAN PSYCHO-SOCIAL SELF REPORT RECORD

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Person Completing Form:				Page 1	l of	5		
Check all the problems this child is having or has had by placing an "X" in the "Current" and/or "Past" column. Total	Child's Name:			_ Child's Age: ID #:				
Gets angry easily Temper tantrums Yells and screams Hits children or adults Throws/breaks things Threatens to hurt others Shows no respect, argues Gets into a lot of fights Won't follow rules/do chores Won't do what adults say to do Lies Steals Cheats Is never sorry Steals Skips/doesn't want to go to school Runs away Hars friends who are a bad influence Problems making/keeping friends Worrit sole where were Worries a lot/nervous Sad/depressed Quick changes in mood Hard time falling asleep Sieps during the day Won't slole where Shys way from people, friends, or activities Shy Low self-esteem Gers into womit Tobacco use Drug or alcohol use Sexually active Masturbates Acts in a sexual way that is not appropriate Garn ember Does things in secret/hides	Person Completing Form:			Relationship to Child:				
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Recent weight gain Sees things that are not there								
	Eats a lot in a short amount of time			Other:				

Does this child have thoughts of hurting herself/himself or others? □No □Yes - If Yes, when and how?

As an infant or young child, check if he/she had problems with:						
 □ Becoming attached to parent/caregiver □ Being away from caregiver □ Growth □ Asthma □ Allergies □ Vomiting □ Fever □ Colic □ Diarrhea □ Constipation □ Sleep □ Seizures □ Eating Other: 						
At what age did this child: Walk Speak single words Speak sentences						
Become toilet trained: Daytime Nighttime						
If there were/are problems with any of these, what were they?						
FAMILY INFORMATION						
Child raised by:						
List other adults who are important to this child:						
Is this child adopted? ☐ No ☐ Yes If Yes, does this child know? ☐ No ☐ Yes						
If parents are separated/divorced/or never married - parent custody/visitation arrangements*:						
*A copy of the court guardianship/custody legal papers are necessary for our file in separation/divorce cases.						
Which parent knows that this child may be treated here? ☐ Mother ☐ Father						
Has this child ever been in foster care? ☐ No ☐ Yes - If Yes, when and why?						
Has this child/family ever been seen or talked to by someone at DHS? ☐ No ☐ Yes If yes, explain:						
Has Protective Services ever talked with or seen this child or this child's family? ☐ No ☐ Yes						
If Yes, when and why?						
Describe any violence, physical abuse, or sexual abuse that the child has seen, heard, been a part of, or had happen to him/her:						
□ None						
Do you/family member/guardian have any sexual or gender (boy/girl) concerns about this child? ☐ No ☐ Yes If yes, why?						
Is there anything going on in the family that may be affecting this child at this time? ☐ None						
List this child's relatives with mental health and/or substance abuse problems:						

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Annual Household In	come: \$						
Sources of Income:	☐ Employment ☐ DHS/Public Assistance ☐ Social Security or Disability						
	☐ Child Support/Alimony	☐ Retirement	Other:				
Father's Occupation:			☐ Unemployed				
Mother's Occupation	:		☐ Unemployed				
Do you/family curren	tly have money problems?	□No □Yes	If Yes, explain:				
How is this child disc	iplined?						
Mother:							
Tell us about this chi	ld's religious/spiritual upbrin	nging:					
Tell about your family	y's ethnic background (tradi	tions, language	, holidays):				
EDUCATIONAL/SCH	HOOL HISTORY						
Has this child gone to	o: □ Preschool □ Day Ca	ire □ Latch Ke	y Program				
	liagnosed as having learnin □ No □ Yes If Yes, ple		rning disabled, emotionally impaired, or				
			t another clinic? □ No □ Yes				
			when?				
Do you know if a social worker?		condition was g	iven to this child by a doctor, psychologist, or				
If Yes, what was	it?						
How are the child's g	rades in school?						
☐ Unsatisfacto	ry □ Satisfactory □ Passir	ng N	Mostly: □ A □ B □ C □ D □ Failing				
Tell about any scho	ool problems (attendance,	suspensions, I	pehavior, not completing homework, failing a				
grade:							
Fill in the consequent		I-I I 4					
	cities of all schools this chi	•					
_							
High School							

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How many friends does this child have? Are the child's friends: □ Same age □ Older □ Younger Is it hard for this child to make or keep friends? □ No □ Yes If Yes, why:							
Father's Educational Level: ☐ Post College/Advance Degree ☐College Graduate ☐ High School Graduate ☐ Some High School ☐ 8 th Grade or Less							
Mother's Educational Level: ☐ Post College/Advance De ☐ High School Graduate ☐			e □College Graduate ome High School □ 8 th Grade or Less				
	a social worke eatment for m	ental health or subs	☐ Yes If Yes, when?stance abuse problems? ☐ No [_			
Where		When	Reason	Helpful?			
Any other comments you wo	ould like to mak	ke about this child: _		☐ Yes ☐ No			
(Custodial) Parent/Guardian		Date					
Signature and Credentials of	f Therapist rev	Date					