



MIDWEST CHRISTIAN SERVICES

Information of Child and Family

Child's Full Name _____
Birthdate _____ Social Security # _____
Title 19# _____ Grade in School _____

Family

Father's Full Name _____
Address _____
Occupation _____
Marital Status _____
Phone Number _____

Mother's Full Name _____
Address _____
Occupation _____
Marital Status _____

Step-Father's Full Name _____
Occupation _____
Marital Status _____

Step-Mother's Full Name _____
Marital Status _____

Legal Guardian _____
Address _____
Occupation _____
Marital Status _____
Phone Number _____

Siblings

Name _____
Age _____
Address _____

Name _____
Age _____
Address _____



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Name _____
Age _____
Address _____

Physical History

Physical description: Height _____ Weight _____
Hair Color _____ Eye Color _____
Distinguishing Features _____

Date of Last Physical Examination: _____
Physician _____

Special Physical Problems or Condition:

Immunizations:
Immunizations current/up to date: Yes No
Copy of immunizations record: Yes No
If no record, where were immunizations given: _____

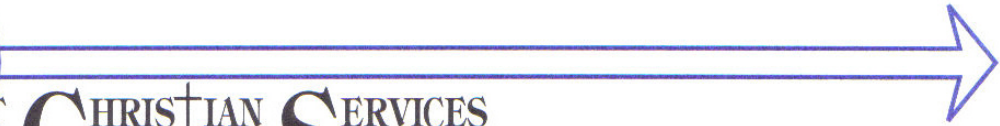
Medication(prescription and non-prescription):
Current _____
Past _____
Allergy or Adverse Reactions: _____
Efficacy of Previous Medications: _____

Psychological History

Previous Counseling/Therapy:
Dates: _____
Agency: _____
Therapist: _____

Dates: _____
Agency: _____
Therapist: _____

Previous Placements:
Dates: _____



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Facility: _____

Dates: _____

Facility: _____

Psychological Testing:

Dates: _____

Agency: _____

Address: _____

Psychiatric Medications:

Current: _____

Past: _____

Education

Current Grade in School: _____

Name of School: _____

Address: _____

IQ (if available) _____

Special Educational Needs:

Current Grades: _____

Nature of Problem (Family's description)

Describe the immediate problem:



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Duration of the Problems: _____

Past Problems: _____

Describe any other significant information on the child:
