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| Yvette Botha  |
|  Hons BA Psy (Counselling), BA HSS (Psy Counselling) |
| Reg Counsellor, Specialist Wellness Counsellor |
| **Reg: SWC19/449 ASCHP** |
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**CASE HISTORY FORM**

**THE CONTENTS OF THIS DOCUMENT WILL BE TREATED AS CONFIDENTIAL.**

Dear client

Please be so kind as to complete the following form. The information you provide helps me to understand the history of yourself and your family.

|  |  |
| --- | --- |
| **Name** |  |
| **Age** |  |
| **Date of birth** |  |
| **Work** |  |
| **Position** |  |
| **Name and contact numbers**  |  |
| **Referred by** |  |

**What are your main concerns about yourself?**

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**BIRTH AND DELIVERY**

What position so you have in the family?

1st  2nd  3rd  4th

Did your mother experience any problems during the pregnancy? (E.g. illnesses, spotting)

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How many weeks did She carry you?

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How did the delivery take place?

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Were there any problems or complications during the birth?

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How much did you weigh as a baby?

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Were there any problems after the birth? (Breathing, feeding or medical problems)

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Did mom suffer from post-natal depression?

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**MEDICAL HISTORY**

Did you as a child had any illnesses? (Including childhood illnesses)

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Did you as a child suffered any serious injuries? (Excluding head injuries)

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Did you as a child suffered any head injuries? If so specify age and whether you lost consciousness.

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Have you ever undergone any operations (including grommets)?

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Do you ever show dizzy spells, fainting or convulsions?

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Do you ever suffer from have frequent throat or ear infections?

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Do you take any medication at present?

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Who prescribed the medication?

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Has your hearing been tested?

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Has your vision been tested?

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Do you suffer from any allergies?

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Have you ever had an EEG/brain scan/neurological examination?

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Other relevant medical information

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**DEVELOPMENT HISTORY**

At what ages did you?

|  |  |
| --- | --- |
| Sit alone |  |
| Stand alone |  |
| Crawl |  |
| Begin walking |  |
| Ride a tricycle |  |
| Ride a bicycle |  |
| Clothe him/herself |  |
| Become fully toilet trained |  |
| Say his/her first words |  |
| Combine words into sentences |  |

What is your hand/foot/eye preference? (left/right/not sure)

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Is your speech understandable?

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Do you follow instructions easily?

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What is your favourite pastime?

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Can you keep yourself busy?

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Do you take part in sport?

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What languages are spoken at home?

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Have you ever been in therapy? (Speech therapy, occupational therapy, psychotherapy or play therapy)

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Other relevant developmental information

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**EDUCATION HISTORY**

Did you attend nursery school/play group/day care?

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At what age (year and months) did you enter grade 1?

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Was there any doubt of your school readiness?

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How did you perform at school?

Difficulties:

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Strengths:

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Did you have difficulty with homework?

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Did you as a child battle to prepare and study for tests or exams?

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Did you as a child keep your suit case, homework book, school books in good order?

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Did the teacher/s have concerns about your behavior or school work?

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How did you feel about school, teachers and school work?

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Did you as a child ever received remedial therapy/extra classes?

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Did you as a child have good friends?

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Did you as a child play in a group or with a special friend?

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Tends to be a leader

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Tends to be a follower

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Has difficulty in making friends

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Makes friends, but battles to keep them

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Got teased often

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Teases other children

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Got bullied

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Bullies other children

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Other information about your relationships with friends

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**BEHAVIOUR INFORMATION**

What are your major concerns about your behavior?

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**Have you noticed any of the following in yourself?**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Sad or anxious mood |  |  |
| Feels hopeless or helpless |  |  |
| Shows feelings of guilt |  |  |
| Loses interest in activities that he used to enjoy |  |  |
| Is often tired, has no energy |  |  |
| Battles to concentrate and make decisions |  |  |
| Often complains of aches and pains that do not respond to treatment |  |  |
| Spends too much time watching TV or playing computer games |  |  |
| Child makes statements about himself such as “I am a loser/I can’t do anything right/I am no good” |  |  |
| Withdraws from family and friends |  |  |
| Is restless or irritable |  |  |
| Complains of being bored |  |  |
| Sleeping disturbances |  |  |
| Sudden change in eating patterns |  |  |
| Talks of death or asks questions about death and dying |  |  |

**Do you show any of the following?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Sometimes** |
| Takes long to complete tasks |  |  |  |
| Makes careless mistakes with work |  |  |  |
| Does not appear to listen when spoken to  |  |  |  |
| Seems to be unable to do tasks at work that you were able to do at home |  |  |  |
| Does not finish tasks/work |  |  |  |
| Battles to keep work organized and tidy |  |  |  |
| Loses things  |  |  |  |
| Attention is easily distracted by noises,movement, etc. |  |  |  |
| Gives up when a task requires sustained effort |  |  |  |
| Battles to stay still |  |  |  |
| Makes noises, sings, hums too much  |  |  |  |
| Talks too much |  |  |  |
| Climbs or runs around too much  |  |  |  |
| Has difficulty in waiting  |  |  |  |
| Interrupts when others are speaking |  |  |  |
| Intrudes on games or activities of other |  |  |  |
| Complains that people do not like you |  |  |  |

**Do any of the following describe you?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Sometimes** |
| Is startled easily |  |  |  |
| Complains about scratchy clothes, labels, etc. |  |  |  |
| Doesn’t usually enjoy big surprises |  |  |  |
| Learns better from gentle correction than strong punishment |  |  |  |
| Uses big vocabulary |  |  |  |
| Is sensitive to odours |  |  |  |
| Seems to be very intuitive |  |  |  |
| Battles to fall asleep after an exciting day |  |  |  |
| Doesn’t like big changes |  |  |  |
| Doesn’t like wet/dirty/sandy clothing |  |  |  |
| Asks many questions |  |  |  |
| Is sensitive to the feelings of others |  |  |  |
| Prefers quiet activities |  |  |  |
| Doesn’t like noisy places |  |  |  |
| Feels things deeply |  |  |  |
| Performs best when strangers are not present |  |  |  |
| Takes time to warm up in new situations |  |  |  |
| Takes his/her time before attempting daring activities |  |  |  |

**Do you notice any of the following in you?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Sometimes** |
| Shows anxiety |  |  |  |
| Has an explosive temper |  |  |  |
| Shows tantrums and rages which last long |  |  |  |
| Is very easily irritated |  |  |  |
| Shows frequent mood swings |  |  |  |
| Is difficult and oppositional and challenging |  |  |  |
| Is very impulsive (acts without thinking) |  |  |  |
| Is restless and fidgety |  |  |  |
| Unrealistic highs (e.g. feeling like a superhero) |  |  |  |
| Clowns around and is silly |  |  |  |
| Tends to be aggressive |  |  |  |
| Does dangerous and risky things without thinking |  |  |  |
| Seems depressed at times |  |  |  |
| Shows low self esteem |  |  |  |
| Is sometimes lethargic, doesn’t want to do anything |  |  |  |
| Battles to get up and get going in the morning |  |  |  |
| Is very bossy with friends |  |  |  |
| Wets his bed |  |  |  |
| Talks quickly and is sometimes difficult to understand |  |  |  |
| Is fascinated with gory video games/movies |  |  |  |
| Insists on having your way and may be manipulative |  |  |  |

**Have you ever suspected or feared that you may have been sexually abused, please elaborate?**

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**FAMILY HISTORY**

Please complete the following family profile:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Age** | **Qualifications** | **Occupation** |
| **Father** |  |  |  |  |
| **Mother** |  |  |  |  |
| **Wife** |  |  |  |  |
| **Children** |  |  |  |  |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |

Are any other people living with the family? If so, please explain

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**Has any member of your family experienced any of the following in the past three years?**

**Serious Illness/Hospitalization Yes / No**

**Describe:**

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

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**Death Yes / No**

**Describe:**

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

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**Hijacking/Housebreak/Smash & Grab Yes / No**

**Describe:**

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

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**Armed robbery Yes / No**

**Describe:**

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

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**Financial strain Yes / No**

**Describe:**

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

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**Other stress Yes / No**

**Describe:**

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

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Have there been a divorce/separation /remarriage in the family? If so please explain circumstances and the family constitution at present.

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**In cases of divorce:**

How would you rate the current level of conflict between you and your partner?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very Low | Low | Moderate | High | Very high |
|  |  |  |  |  |

Please explain

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

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Please outline visitation arrangements:

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

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**Please describe your relationship with:**

Wife\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Children\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Extended Family

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Siblings

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

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**Please describe the way you were disciplined at home when you were a child, by whom and how you react to discipline.**

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**Please describe father’s childhood briefly**

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**Please describe mother’s childhood briefly**

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**Has any family member had a history of any of the following?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Unsure** |
| Learning difficulties |  |  |  |
| Dyslexia |  |  |  |
| Epilepsy |  |  |  |
| Alcoholism |  |  |  |
| Drug abuse |  |  |  |
| Depression |  |  |  |
| Anxiety disorders |  |  |  |
| Bipolar disorder |  |  |  |
| Received treatment in a psychiatric hospital |  |  |  |
| Committed/attempted to commit suicide |  |  |  |

**This case history was completed by:**