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CASE HISTORY FORM

THE CONTENTS OF THIS DOCUMENT WILL BE TREATED AS CONFIDENTIAL.

Dear Parents,

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

Name of child	
Age	
Date of birth	
School	
Grade	
Name and contact numbers of teacher	
Referred by	

What are your main concerns about your child?

BIRTH AND DELIVERY

Was your pregnancy with this child your

1st 2nd 3rd 4th

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

How many weeks did you carry the baby?

How did the delivery take place?

Were there any problems or complications during the birth?

How much did your baby weigh?

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

Did mom suffer from post-natal depression?

MEDICAL HISTORY

Has your child had any illnesses? (Including childhood illnesses)

Has your child suffered any serious injuries? (Excluding head injuries)

Has your child suffered any head injuries? If so specify age and whether your child lost consciousness.

Has your child undergone any operations (including grommets)?

Does your child show dizzy spells, fainting or convulsions?

Does/ did your child have frequent throat or ear infections?

Does your child take any medication at present?

Who prescribed the medication?

Has your child's hearing been tested?

Has your child's vision been tested?

Does your child suffer from any allergies?

Has your child ever had an EEG/brain scan/neurological examination?

Other relevant medical information

DEVELOPMENT HISTORY

At what ages did your child?

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 child's hand/foot/eye preference? (left/right/not sure)

Is your child's speech understandable?

Does your child follow instructions easily?

What is your child's favourite pastime?

Can your child keep him/herself busy?

Does your child take part in sport?

What languages are spoken at home?

Is your child dependent on you for dressing, using the toilet or eating?

Has your child ever been in therapy? (Speech therapy, occupational therapy, psychotherapy or play therapy)

Other relevant developmental information

EDUCATION HISTORY

Did your child attend nursery school/play group/day care?

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

Was there any doubt of your child's school readiness?

How does your child perform at school at present?

Difficulties:

Strengths:

Does your child have difficulty with homework?

Does your child battle to prepare and study for tests or exams?

Does your child keep his suit case, homework book, school books in good order?

Does the teacher/s have concerns about your child's behavior or school work?

Has there been a marked difference in your child's school marks recently?

How does your child feel about school, teachers and school work?

Has your child ever received remedial therapy/extra classes?

Does your child have good friends?

Does your child play in a group or with a special friend?

Tends to be a leader

Tends to be a follower

Has difficulty in making friends

Makes friends, but battles to keep them

Gets teased often

Teases other children

Gets bullied

Bullies other children

Other information about your child's relationships with friends

BEHAVIOUR INFORMATION

What are your major concerns about your child's behavior?

Does your child show any of the following?

	Yes	No
Is very scared of certain parts of the house		
Has nightmares		
Is scared at night, but cannot recall having had a scary dream		
Scared of the dark		
Scared of strangers		
Other fears		
Bedwetting		
Toileting accidents		
Very distressed when separated from mom/dad		

Very worried about mom/dad being hurt or dying		
Nervous habits (chewing clothes/nails)		
Worries excessively		

Have you noticed any of the following in your child?

	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		

Does your child show any of the following?

	Yes	No	Sometimes
Takes long to complete school work/homework			
Makes careless mistakes with school work/home work			
Does not appear to listen when spoken to			
Seems to be unable to do work at school that he was able to do at home			
Does not finish tasks/work			
Battles to keep room/schoolwork organized and tidy			
Loses things such as lunch boxes, stationary			
Attention is easily distracted by noises,movement, etc.			
Gives up when a task requires sustained effort			
Battles to stay in his seat			
Makes noises, sings, hums too much			
Talks too much			
Climbs or runs around too much			
Has difficulty in waiting his turn			
Interrupts when others are speaking			
Intrudes on games or activities of other children			
Complains that people do not like him			

Do any of the following describe your child?

	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 words for his/her age			

Is sensitive to odors			
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 play			
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 your child?

	Yes	No	Sometimes
Shows separation 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 his way and may be manipulative			

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

Have you noticed any of the following behaviors in your child?

	Yes	No
Child seems to be pre-occupied with his/her private parts		
Child touches private parts often/ masturbates		
Child engages other children in sexual play		
Child is engaged in sexual play by other children		
Child is unusually interested in books/TV programs etc. with sexual content		

Child knows words of a sexual nature that she should not know at her age		
Child shows knowledge of sexual issues that is advanced for her age		
Child is pre-occupied with body functions (urinating etc)		
Frequent urinary/vaginal infections		
Child complains of pain when urinating or passing stool		
Child has nightmares/night terrors		
Child wets her bed/underwear		
Child is very fearful of going to bathroom		

FAMILY HISTORY

Please complete the following family profile:

	Name	Age	Qualifications	Occupation
Father				
Mother				
Children				
1				
2				
3				
4				

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

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

Serious Illness/Hospitalization Yes / No

Describe:

Death Yes / No

Describe:

Hijacking/Housebreak/Smash & Grab Yes / No

Describe:

Armed robbery Yes / No

Describe:

Financial strain Yes / No

Describe:

Other stress

Yes / No

Describe:

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

In cases of divorce:

How would you rate the current level of conflict between parents?

Very Low	Low	Moderate	High	Very high

Please explain

Please outline visitation arrangements:

Please describe your child's relationship with:

Mom

Dad

Stepparents (if applicable)

Siblings

Please describe the way your child is disciplined at home, by whom and how your child reacts to discipline.

Please describe father's childhood briefly

Please describe mother's childhood briefly

Has any family member of the child 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:
