



# SOCIAL HISTORY

INSTRUCTIONS: This packet should be completed by the parent(s) or guardian(s) of the Young Walker. If both parents live in the home with the child it is highly recommended that the parents complete this packet together. *If only one parent is able to complete the packet it should be the parent that has the most recent contact with the child.* Please note: The child that you are enrolling in ANASAZI will be referred to as the CHILD throughout this packet.

## FAMILY INFORMATION and DEMOGRAPHICS

Child's Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Gender: M / F  
 Ethnicity: ☐ Asian  
☐ African American/Black  
☐ Anglo/White/Caucasian  
☐ Latino/Hispanic  
☐ Middle Eastern  
☐ Multi-racial  
☐ Native American  
☐ Pacific Islander  
☐ Other: \_\_\_\_\_

Today's Date: \_\_\_\_\_  
 History completed by: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Who has legal custody of the child? \_\_\_\_\_  
*(Please provide court documents relating to custody.)*  
 With whom does the child usually live? \_\_\_\_\_  
 Did the birth mother have a normal pregnancy ? Y / N  
 If No, explain \_\_\_\_\_

Did the child reach developmental milestones on time? Y / N  
 If No, explain \_\_\_\_\_

Is the child Adopted? Y / N At what age? \_\_\_\_\_

Referral source (name and contact information): \_\_\_\_\_  
 \_\_\_\_\_

Please describe the primary reason(s) or concern(s) that have led you to enroll your child in ANASAZI at this time  
*(please list in order of concern—I being the greatest):*

### AREA OF CONCERN

### PLEASE EXPLAIN

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Please describe your child's strengths:

- |          |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

## RELATIONSHIPS

Check all that apply

### Relationship with child?

| NAME          | Age | Gender | Step Sibling? | Adopted? | Lives at home? |
|---------------|-----|--------|---------------|----------|----------------|
| (Mother)      |     | -----  | -----         | ---      |                |
| (Father)      |     | -----  | -----         | ---      |                |
| (Step-Mother) |     | -----  | -----         | ---      |                |
| (Step-Father) |     | -----  | -----         | ---      |                |
| Sibling 1     |     | M / F  |               |          |                |
| Sibling 2     |     | M / F  |               |          |                |
| Sibling 3     |     | M / F  |               |          |                |
| Sibling 4     |     | M / F  |               |          |                |
| Sibling 5     |     | M / F  |               |          |                |
| Sibling 6     |     | M / F  |               |          |                |
| Sibling 7     |     | M / F  |               |          |                |
| Sibling 8     |     | M / F  |               |          |                |
| Other         |     | M / F  |               |          |                |
| Other         |     | M / F  |               |          |                |
| Other         |     | M / F  |               |          |                |

## Parent/Guardian

How would you describe the relationship between you and your current spouse/partner?

- ☐ Very Poor      Please explain: \_\_\_\_\_
- ☐ Poor                \_\_\_\_\_
- ☐ Average            \_\_\_\_\_
- ☐ Good                \_\_\_\_\_
- ☐ Very good          \_\_\_\_\_
- ☐ N/A

How long have you been together? \_\_\_\_\_

*If you are no longer with your child's biological or adoptive parent:*

Is the FATHER remarried or in another relationship? Y / N

Is the MOTHER remarried or in another relationship? Y / N

How would you describe the child's relationship with the biological parent?

- ☐ Very Poor      Please explain: \_\_\_\_\_
- ☐ Poor                \_\_\_\_\_
- ☐ Average            \_\_\_\_\_
- ☐ Good                \_\_\_\_\_
- ☐ Very good          \_\_\_\_\_
- ☐ N/A

**Office Use**

[illegible]

## Family

Has your child experienced any of the following traumatic events?

Please check all that apply and explain the circumstances, year of the event, and impact that each of these events has had on your child's life (use the back of this page if more space is needed):

| EVENT                                   | CHECK | PLEASE EXPLAIN |
|---|-------|----------------|
| Death of a Family Member                |       |                |
| Death of a Close Friend                 |       |                |
| Death of a Pet                          |       |                |
| Family Relocation                       |       |                |
| Parental Conflict                       |       |                |
| Divorce/Separation                      |       |                |
| Major Illness/Disability/Injury         |       |                |
| Sibling Leaving Home                    |       |                |
| Remarriage of a Parent                  |       |                |
| Significant Sibling Conflict            |       |                |
| Arrest/Incarceration of a Family Member |       |                |
| Other                                   |       |                |

### Office Use

What activities does the family enjoy participating in as a group?

1. \_\_\_\_\_ Does your child participate? Y / N
2. \_\_\_\_\_ Does your child participate? Y / N
3. \_\_\_\_\_ Does your child participate? Y / N
4. \_\_\_\_\_ Does your child participate? Y / N

What is the family's primary religious affiliation: \_\_\_\_\_

Does the family participate in religious activities? Y / N

Does your child participate? Y / N

Please describe your child's participation in:

|  | Very low | Low | Moderat | High | Very High |
|--|----------|-----|---------|------|-----------|
| Church/Temple/Synagogue attendance             |          |     |         |      |           |
| Prayer   |          |     |         |      |           |
| Reading (scripture, religious materials)       |          |     |         |      |           |
| Compliance with religious behaviors and values |          |     |         |      |           |
| Attitude towards religious leaders/clergy      |          |     |         |      |           |

Does the child express enjoyment/satisfaction through participation? Y / N

Does your child believe in God? Y / N Please explain: \_\_\_\_\_

What kind of discipline/consequences has been used with your child?

1. \_\_\_\_\_ Child's response? \_\_\_\_\_
2. \_\_\_\_\_ Child's response? \_\_\_\_\_
3. \_\_\_\_\_ Child's response? \_\_\_\_\_
4. \_\_\_\_\_ Child's response? \_\_\_\_\_

Has your family ever been involved with any Child Protective Services Agency? Y / N

Please Explain: \_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge, has your child ever been abused:

- ☐ Physically Please explain: \_\_\_\_\_  
☐ Sexually \_\_\_\_\_  
☐ Emotionally \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Peers

How would you describe your child's social relationships?

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

List any friends or groups that are an influence on your child:

| Name (or Group) | Age(s) | Gender | Very poor | Poor | Average | Good | Very good | Types of activities |
|-----------------|--------|--------|-----------|------|---------|------|-----------|---------------------|
|                 |        |        |           |      |         |      |           |                     |
|                 |        |        |           |      |         |      |           |                     |
|                 |        |        |           |      |         |      |           |                     |
|                 |        |        |           |      |         |      |           |                     |
|                 |        |        |           |      |         |      |           |                     |
|                 |        |        |           |      |         |      |           |                     |
|                 |        |        |           |      |         |      |           |                     |
|                 |        |        |           |      |         |      |           |                     |

At what age was it acceptable for your child to start dating? \_\_\_\_\_

Did they comply? Y / N

To the best of your knowledge, is your child sexually active? Y / N

Is this a concern for you? \_\_\_\_\_

With one partner or multiple partners? \_\_\_\_\_

Has your child been pregnant (if a girl) or fathered a child (if a boy)? Y / N

Has your child been tested for STD's? Y / N Unsure: \_\_\_\_\_

To the best of your knowledge, how involved is your child with pornography?

Please explain (how long?, what type?, is this a concern, etc.)  
\_\_\_\_\_

## CHILD BEHAVIORS

### Emotions

Please describe your how your child's feelings are expressed (use the back of this page if needed):

|             | Almost always | Frequently | Sometimes | Rarely | Never | How is it expressed? | When does it happen most? | Has this been treated before? | Ever taken medication for this? |
|-------------|---------------|------------|-----------|--------|-------|----------------------|---------------------------|-------------------------------|---------------------------------|
| Anger       |               |            |           |        |       |                      |                           |                               |                                 |
| Frustration |               |            |           |        |       |                      |                           |                               |                                 |
| Sadness     |               |            |           |        |       |                      |                           |                               |                                 |
| Depressed   |               |            |           |        |       |                      |                           |                               |                                 |
| Fearful     |               |            |           |        |       |                      |                           |                               |                                 |
| Anxious     |               |            |           |        |       |                      |                           |                               |                                 |
| Guilt       |               |            |           |        |       |                      |                           |                               |                                 |
| Other       |               |            |           |        |       |                      |                           |                               |                                 |

What coping methods does your child use to deal with their feelings? \_\_\_\_\_

\_\_\_\_\_

### Substance Abuse

|  | No use | Experiment | Monthly | Weekly | Daily | When did your child begin using? (Age, event) | With whom does your child use ? | When did your child last use this? | Any family history of problems with this? |
|--|--------|------------|---------|--------|-------|---|---------------------------------|------------------------------------|---|
| <b>Tobacco</b>   |        |            |         |        |       |   |                                 |                                    |   |
| <b>Alcohol</b>   |        |            |         |        |       |   |                                 |                                    |   |
| <b>Cannabis</b> (Marijuana)                                    |        |            |         |        |       |   |                                 |                                    |   |
| <b>Amphetamine</b> (Speed, crystal Meth.)                      |        |            |         |        |       |   |                                 |                                    |   |
| <b>Cocaine</b> (Crack)   |        |            |         |        |       |   |                                 |                                    |   |
| <b>Hallucinogens</b> (LSD, Mushrooms)                          |        |            |         |        |       |   |                                 |                                    |   |
| <b>Inhalants</b> (gas, glue, Nitrus Oxide)                     |        |            |         |        |       |   |                                 |                                    |   |
| <b>Opiates</b> (Derion, Demerol, Oxycontin, Percocet, Heroine) |        |            |         |        |       |   |                                 |                                    |   |
| <b>PCP/Retalar</b> (angel dust)                                |        |            |         |        |       |   |                                 |                                    |   |
| <b>Sedatives</b> (sleeping pills)                              |        |            |         |        |       |   |                                 |                                    |   |
| <b>Club Drugs</b> (Ecstasy, Special K)                         |        |            |         |        |       |   |                                 |                                    |   |
| <b>Other:</b>  |        |            |         |        |       |   |                                 |                                    |   |

## Violence/Gangs

|  | # of times | What age? | # citations | # of arrests | Description |
|--|------------|-----------|-------------|--------------|-------------|
| Cruelty to animals                       |            |           |             |              |             |
| Playing with fire                        |            |           |             |              |             |
| Any gang related activity/association    |            |           |             |              |             |
| Threatened assault                       |            |           |             |              |             |
| Assault                                  |            |           |             |              |             |
| Physical fight outside the home          |            |           |             |              |             |
| Destruction of property                  |            |           |             |              |             |
| Sex offense                              |            |           |             |              |             |
| Self-mutilation (cutting, burning, etc.) |            |           | —           | —            |             |
| Attempted suicide                        |            |           | ---         | ----         |             |
| Talked about suicide                     |            |           | ---         | ----         |             |
| Planned suicide                          |            |           | ---         | ----         |             |
| Other                                    |            |           |             |              |             |

## Other Illegal Activity/Risky Behaviors

|                                | # of times | What age? | # citations | # of arrests | Description |
|--------------------------------|------------|-----------|-------------|--------------|-------------|
| Curfew violation               |            |           |             |              |             |
| Possession of Tobacco          |            |           |             |              |             |
| Possession of Alcohol          |            |           |             |              |             |
| Possession of Drugs            |            |           |             |              |             |
| Drug trafficking               |            |           |             |              |             |
| Runaway                        |            |           |             |              |             |
| Shoplifting                    |            |           |             |              |             |
| Robbery/Burglary               |            |           |             |              |             |
| Motor vehicle theft            |            |           |             |              |             |
| High risk/dangerous activities |            |           |             |              |             |
| Other                          |            |           |             |              |             |

## EDUCATION

### Office Use

Briefly describe achievement in elementary and secondary school: \_\_\_\_\_

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When did you first notice that your child's behavior was changing? Please explain: \_\_\_\_\_

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|                  | Completed | Suspended | Expelled | Alternative education? | A to B+ | B+ to B | B to C+ | C+ to C | C to D+ | D+ to D | D- or less |
|------------------|-----------|-----------|----------|------------------------|---------|---------|---------|---------|---------|---------|------------|
| 6 <sup>th</sup>  |           |           |          |                        |         |         |         |         |         |         |            |
| 7 <sup>th</sup>  |           |           |          |                        |         |         |         |         |         |         |            |
| 8 <sup>th</sup>  |           |           |          |                        |         |         |         |         |         |         |            |
| 9 <sup>th</sup>  |           |           |          |                        |         |         |         |         |         |         |            |
| 10 <sup>th</sup> |           |           |          |                        |         |         |         |         |         |         |            |
| 11 <sup>th</sup> |           |           |          |                        |         |         |         |         |         |         |            |
| 12 <sup>th</sup> |           |           |          |                        |         |         |         |         |         |         |            |
|                  |           |           |          |                        |         |         |         |         |         |         |            |

How many schools has your child attended? \_\_\_\_\_

Reasons for switching schools: \_\_\_\_\_

Is your child attending school during the current academic year? Y / N

Has your child ever qualified for special education? Y / N

Please indicate the general area of ability/disability

- ☐ ADD
- ☐ ADHD
- ☐ Expressive language disability (writing/verbal)
- ☐ Receptive language disability (listening/comprehending)
- ☐ Visual/spatial disability
- ☐ Gifted/talented program
- ☐ Other \_\_\_\_\_

What have you used to facilitate your child's learning?

- ☐ Professional testing
- ☐ Private tutor
- ☐ After-school programs
- ☐ Special education/resource classes

Other \_\_\_\_\_

**Office Use**

Please indicate your child's attitude and aspirations towards school:

**Attitude**

- ☐ Hates  
☐ Dislikes  
☐ Tolerates  
☐ Likes  
☐ Loves

**Aspirations**

- ☐ Dropped out prematurely  
☐ Will drop out soon  
☐ Attend high school for a while  
☐ Graduate from high school/GED  
☐ Attend vocational/trade school  
☐ Attend College  
☐ Finish College/vocational/trade school

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**TREATMENT HISTORY**

Please provide a thorough account of ALL mental health/behavioral health treatment your child has received, starting with the MOST RECENT FIRST. If you are seeking insurance approval for benefits, be specific and detailed regarding dates, length of treatment, names of counselors and facilities.

**Outpatient****Office Use**

| Date(s) | Individual | Group | Family | Day treatment | Approx # of times | Name of Counselor | Reason for Treatment | Outcome<br>+ Positive<br>- Negative<br>0 Neutral |
|---------|------------|-------|--------|---------------|-------------------|-------------------|----------------------|--|
|         |            |       |        |               |                   |                   |                      |  |
|         |            |       |        |               |                   |                   |                      |  |
|         |            |       |        |               |                   |                   |                      |  |
|         |            |       |        |               |                   |                   |                      |  |
|         |            |       |        |               |                   |                   |                      |  |
|         |            |       |        |               |                   |                   |                      |  |

**Inpatient****Office Use**

| Date(s) | Hospitalization | Residential | Half-way house | Group home | Wilderness | Length of stay | Name of facility | Reason for Treatment | Outcome<br>+ Positive<br>- Negative<br>0 Neutral |
|---------|-----------------|-------------|----------------|------------|------------|----------------|------------------|----------------------|--|
|         |                 |             |                |            |            |                |                  |                      |  |
|         |                 |             |                |            |            |                |                  |                      |  |
|         |                 |             |                |            |            |                |                  |                      |  |
|         |                 |             |                |            |            |                |                  |                      |  |
|         |                 |             |                |            |            |                |                  |                      |  |
|         |                 |             |                |            |            |                |                  |                      |  |



**Community**

| Date(s) | AA/NA/CA | Boys/Girls Club | Religious | School counseling | YMCA | Length of service | Name of facility | Reason for Treatment | Outcome<br>+ Positive<br>- Negative<br>0 Neutral |
|---------|----------|-----------------|-----------|-------------------|------|-------------------|------------------|----------------------|--|
|         |          |                 |           |                   |      |                   |                  |                      |  |
|         |          |                 |           |                   |      |                   |                  |                      |  |
|         |          |                 |           |                   |      |                   |                  |                      |  |
|         |          |                 |           |                   |      |                   |                  |                      |  |
|         |          |                 |           |                   |      |                   |                  |                      |  |

Please list ANY psychotropic medications (i.e. for mental/behavioral health) your child has taken in the past 6 months. Please list them starting with the MOST RECENT FIRST.

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| Medication name | Dose (Mg) | Times per day | When first started | Last change in dose | Last dose taken | Compliant? | Who prescribed this medication? | Reason prescribed | Side effects? |
|-----------------|-----------|---------------|--------------------|---------------------|-----------------|------------|---------------------------------|-------------------|---------------|
|                 |           |               |                    |                     |                 |            |                                 |                   |               |
|                 |           |               |                    |                     |                 |            |                                 |                   |               |
|                 |           |               |                    |                     |                 |            |                                 |                   |               |
|                 |           |               |                    |                     |                 |            |                                 |                   |               |
|                 |           |               |                    |                     |                 |            |                                 |                   |               |

What do you estimate has been the total cost of mental health/behavioral health treatment for your child prior to but NOT including ANASAZI?  
(Please include out-of-pocket costs, insurance benefits and/or third party resources)

**Office Use**

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## **EMPLOYMENT HISTORY**

Has your child ever held a paid position (job)? Y / N (please list)

| Job Title | Description | Age | Begin/end dates | Outcome (fired, laid off, quit, etc.) |
|-----------|-------------|-----|-----------------|---------------------------------------|
|           |             |     |                 |                                       |
|           |             |     |                 |                                       |
|           |             |     |                 |                                       |
|           |             |     |                 |                                       |

## **AFTERCARE PLANNING**

After your child completes ANASAZI, with whom will your child live?

- ☐ Both parents  
☐ Mother  
☐ Father  
☐ Other family member: \_\_\_\_\_  
☐ Self/roommates  
☐ Other: \_\_\_\_\_

Will your child return to the school they are currently enrolled in? Y / N

What other educational plans do you have for your child? \_\_\_\_\_  
\_\_\_\_\_

Who has been a positive influence in your child's life that may be available for after care help?

- ☐ Grandparent      ☐ Sibling      ☐ Coach      ☐ Teacher      ☐ Spiritual leader  
☐ Therapist      ☐ Neighbor      ☐ Peer      ☐ Other family member  
☐ Other: \_\_\_\_\_

## **After Care Treatment Plan**

Check all that apply:

*Long-term Treatment*

*Therapy*

*Community services*

| Boarding school | Therapeutic boarding school | Residential treatment center | Other (list) | Transition program | Intensive out-patient | Out-patient | None | AA | NA | Religious | Boy/Girl club | Other |
|-----------------|-----------------------------|------------------------------|--------------|--------------------|-----------------------|-------------|------|----|----|-----------|---------------|-------|
|                 |                             |                              |              |                    |                       |             |      |    |    |           |               |       |

Please indicate program name(s) and/or providers: \_\_\_\_\_  
\_\_\_\_\_

## **OTHER INFORMATION**

Please provide any other pertinent information not covered in this history that may assist ANASAZI in developing an individualized plan to help your child and family. Add additional sheets of paper as necessary.