

THE CLARK INSTITUTE CHILD AND ADOLESCENT OUTPATIENT SERVICES  
PARENT/CHILD HISTORY FORM

Full Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Marital Status \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Education \_\_\_\_\_ School \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Legal Custody \_\_\_\_\_ Guardian/Wardship \_\_\_\_\_

INSURANCE (KIND)

Policy Holder \_\_\_\_\_ Bill to (Sponsor) \_\_\_\_\_  
Address: \_\_\_\_\_

REFERRAL SOURCE

Name \_\_\_\_\_ Agency \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_

PREVIOUS MENTAL HEALTH TREATMENT

When and where? \_\_\_\_\_

FAMILY INFORMATION

**Natural Father**

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Education \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Years \_\_\_\_\_  
Insurance \_\_\_\_\_  
Religious Affiliation \_\_\_\_\_

**Present Father: (circle one):** Step Adoptive Foster Grand

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Education \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Years \_\_\_\_\_  
Insurance \_\_\_\_\_  
Religious Affiliation \_\_\_\_\_

**Natural Mother**

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Education \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Years \_\_\_\_\_  
Insurance \_\_\_\_\_  
Religious Affiliation \_\_\_\_\_

**Present Mother: (circle one):** Step Adoptive Foster Grand

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Education \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_ Years \_\_\_\_\_  
Insurance \_\_\_\_\_  
Religious Affiliation \_\_\_\_\_

Parent/Caregiver \_\_\_\_\_

Date \_\_\_\_\_