



## Background Information

Camper Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Form completed by: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**1. Reason for Choosing SEK: (Describe problems if applicable, i.e., behavioral and/or situational changes, losses, major symptoms, recent conflict with family members/ others)?**

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### **2. Background Information:**

Place of birth: \_\_\_\_\_

Parent's age and occupations: (If deceased, please include age, year, and cause of death):

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Siblings: (Give names and ages of brothers and sisters)

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Birth order: (Which child were you; 1<sup>st</sup>, 2<sup>nd</sup>, etc.?) \_\_\_\_\_

Current living arrangement/ With whom do you live and where?

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**3. Family Psychiatric History: (History of ADHD, bipolar, depression, anxiety, schizophrenia, learning disorders, mental retardation, drug/alcohol abuse, attempted suicide, completed suicide, incarceration).**

Brothers or sisters: \_\_\_\_\_

Father and/or relatives: \_\_\_\_\_

Mother and/or relatives: \_\_\_\_\_

**4. Educational History:**

Elementary school: \_\_\_\_\_

Middle school: \_\_\_\_\_

High school: \_\_\_\_\_ Year graduated: \_\_\_\_\_

Extracurricular activities: (Clubs, band):

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

Describe Relationships with peers: (teased, bullied, well-liked, respected, etc.):

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

Special education classes: \_\_\_ Yes \_\_\_ No If yes, what grade? \_\_\_\_\_

Repeat a grade? \_\_\_ Yes \_\_\_ No If yes, what grade? \_\_\_\_\_

Suspended? \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_

Expelled? \_\_\_ Yes \_\_\_ No Explain: \_\_\_\_\_

Any problems before the age of 18 for the following:

\_\_\_ Fight with teachers \_\_\_ Use a weapon \_\_\_ Skip School

\_\_\_ Cruel to other children \_\_\_ Stealing \_\_\_ Gang member

If checked, explain: \_\_\_\_\_

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



**5. Legal History:**

Any contact as a child or adolescent with:

Youth court: \_\_\_ Yes \_\_\_ No

Training school: \_\_\_ Yes \_\_\_ No

DHS: \_\_\_ Yes \_\_\_ No

If yes to any, please explain:

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**6. Developmental/Medical History:**

During the child's mother's pregnancy, labor, or delivery, were there problems?

\_\_\_ Yes \_\_\_ No If yes, please explain:

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History of physical/sexual/emotional abuse and/or neglect?

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Did the child have any developmental delays? (Walking, talking, toilet training?)

\_\_\_ Yes \_\_\_ No If yes, please explain:

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Any major childhood illness, injuries, or surgeries? \_\_\_\_\_

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Any history of the following diseases:

\_\_\_ Diabetes \_\_\_ Heart Disease \_\_\_ Seizure \_\_\_ Arthritis \_\_\_ Ulcers \_\_\_ Glaucoma

\_\_\_ Tuberculosis \_\_\_ Thyroid issues \_\_\_ Hypertension \_\_\_ IUV \_\_\_ Hepatitis \_\_\_

STDs \_\_\_ Head injuries \_\_\_ Car accidents



If yes, please explain:

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Significant Surgery and Date(s):

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Date of last physical: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Any current medical/physical problems:

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**7. Psychiatric History:**

Outpatient \_\_\_\_\_ treatment/Name \_\_\_\_\_ of \_\_\_\_\_ therapist:

\_\_\_\_\_ Dates: \_\_\_\_\_

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Psychiatrist or Primary Care Physician (for medication): \_\_\_\_\_

Dates: \_\_\_\_\_

What medications have you taken in the past? \_\_\_\_\_

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Have you ever been hospitalized for emotional or behavioral reasons (including substance abuse)?

Yes \_\_\_ No \_\_\_

If "Yes," give the name of the hospital(s) and the dates of treatment:

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Have you ever received psychological testing? If so, give the name of the psychologist and the reason and date of testing:

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**8. Current Information and Daily Activities:**

Any problems with hygiene and grooming? \_\_\_ Yes \_\_\_ No If "Yes," explain:

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Describe a typical day for you, from the time you get up in the morning until you go to bed at night:

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What is the average number of hours you sleep each night?

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Describe your support system. Describe your relationships with friends, family, and peers (school, home and/or church):

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Are you involved in any group or community activities (i.e., church, sports, extracurricular etc.)? If so, where and how often?

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What do you enjoy doing with your leisure time (hobbies, sports, and interests)?

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Additional information: Is there anything that we did not ask that you need to tell us?

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