Case History Form

Bio Data:

Name: ______________ Age: ___________ Gender: ________________

Date of Birth: _____________ Education/Grade: _________________

No. of Siblings: _______________ Birth Order: ______________

Family History:

Father:

Alive: ____________ Age: _________

Dead: _____________ Cause of death: ___________________

Education: __________ Occupation: ______________

Any health problem: ____________ if yes duration: ____________

Treatment taken: ____________ Effect: _____________

Any psychological problem: _______________ if yes duration: ____________

Treatment taken: ____________ Effect: _____________

Relationship with the client: ____

Relationship with other children: ____

Mother:

Alive: ____________ Age: _________

Dead: _____________ Cause of death: ___________________

Education: __________ Occupation: ______________

Any health problem: ____________ if yes duration: ____________

Treatment taken: ____________ Effect: _____________

Any psychological problem: _______________ if yes duration: ____________

Treatment taken: ___________ Effect: ____________

Relationship with the client: ____

Relationship with other children: ____

Marital Relationships:

Adequate: _______ Congenial: ________ Conflicting: __________

Separation: ____________ if yes duration: ___________

Divorce: ____________ if yes duration: ___________

Cousin marriage: ___________ Other relatives: _____________ No relatives: _______________

Siblings:

Name	Age	Gender	Education	Physical problem	Psychological Problem	Relationship with the client	Relationships with other siblings

Personal History:

Developmental History:

Mother's health during pregnancy: ______________ Duration of pregnancy: _____________

Type of delivery: ___________ Any complication durian delivery: ________________________

Birth weight: ___________

First cry: __________ Immediate: ___________ Forced: ___________

Any other important information: ____

Developmental Profile:

Developmental Tasks	Age At Which These Tasks Achieved
Neck holding	
Sitting With support Without support	
Crawling	
Walking	
Toilet Training	
Monosyllable speech	
Small sentences (2 words)	
Full sentences (5 words)	

Neurotic Behaviors:

Nail biting: _____________ Thumb sucking: ______________ Head Banging: ____________

Bed wetting: ______________ Hair pulling: _____________ Sleep walking: ____________

Any other: ____

History of Any Physical Illness:

____

____

No. of treatment taken: ___________ Duration: ____________ Effect: _____________

History of Head Injury:

If yes age at that time: _____________ Bleeding: _____________

Loss of consciousness: _____________ Duration: ____________

Any change in behavior afterwards: ____

Treatment taken: ___________ Duration: ____________ Effect: _____________

History of Seizures/Fits:

If yes age of onset: ____________

Behavior/psychological problem afterwards: ______________________________________

Treatment taken: __________ Duration: ___________ Effect: ____________

Educational History:

Name of the present school: _________________ Date of admission: ______________

Any complaints from school: ____

School performance: Average: _________ Below average: ___________
Above average: __________

Relationships with teachers: ____

Relationships with classmates: ____

Attitude towards studies: ____

Any other problem in school: ____