

**Summer Day Camps**  
**Eve Ellis & Heather Gunther**  
**8778 Arapahoe**  
**Boulder, CO 80302**  
**720-295-6837**

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**Child History Questionnaire**

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Referred by: \_\_\_\_\_

**FAMILY INFORMATION**

Names of Parents/Guardians:

\_\_\_\_\_ lives with child Y/N H# \_\_\_\_\_ W# \_\_\_\_\_ C# \_\_\_\_\_

\_\_\_\_\_ lives with child Y/N H# \_\_\_\_\_ W# \_\_\_\_\_ C# \_\_\_\_\_

\_\_\_\_\_ lives with child Y/N H# \_\_\_\_\_ W# \_\_\_\_\_ C# \_\_\_\_\_

Address of Parents that do not live with child: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_ Best Way to Contact you? \_\_\_\_\_

Names and types of pets: \_\_\_\_\_

Languages spoken in the home: \_\_\_\_\_

Religious/Spiritual Background: \_\_\_\_\_

Please describe any recent changes or additions to the family: \_\_\_\_\_

Is your child adopted? Yes / No If yes, date of legal adoption \_\_\_\_\_

Has your child ever been placed in a foster home or lived with relatives other than the parents? Yes/ No If yes, when? \_\_\_\_\_

**PHYSICAL INFORMATION:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Does your child have allergies? Yes / No Please list allergies: \_\_\_\_\_

List any medications your child is taking and reason for taking: \_\_\_\_\_

Describe your child's diet: \_\_\_\_\_

What are your child's favorite activities: \_\_\_\_\_

**CONCERNS:**

Parent's/Guardian's Concerns: \_\_\_\_\_

Teacher's Concerns: \_\_\_\_\_

Has your child had previous counseling? Yes / No Describe: \_\_\_\_\_

**Has Your Child Experienced?:**

(1)-Little/No concern (2)-Moderate Concern (3)-Much Concern  
**(Please Circle One)**

- Fear of new experiences or transitions.....1..... 2..... 3
- Avoidance of or craving touch..... 1..... 2..... 3
- Avoidance of certain textures, tastes, or smells in food.....1..... 2..... 3
- Fear of situations or objects..... 1..... 2..... 3
- Withdrawn behavior..... 1..... 2..... 3
- Temper tantrums or explosive behavior..... 1..... 2..... 3
- Hyperactivity..... 1..... 2..... 3
- Impulsivity..... 1..... 2..... 3
- Short attention span..... 1..... 2..... 3
- Mood swings..... 1..... 2..... 3
- Poor social skills..... 1..... 2..... 3
- Low self esteem..... 1..... 2..... 3
- Destroys property..... 1..... 2..... 3
- Self-destructive..... 1..... 2..... 3

Suicidal.....	1.....	2.....	3
Sexual acting out.....	1.....	2.....	3
Wets or soils.....	1.....	2.....	3
Lying.....	1.....	2.....	3
Stealing.....	1.....	2.....	3
Nightmares.....	1.....	2.....	3
Sleeping problems.....	1.....	2.....	3

Describe: \_\_\_\_\_

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Family Life:

Parent/Family member(s) absent.....	1.....	2.....	3
Separation/Divorce.....	1.....	2.....	3
Illness/Death of a family member.....	1.....	2.....	3
Sibling conflict.....	1.....	2.....	3
Residence Change.....	1.....	2.....	3

Describe \_\_\_\_\_

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**HISTORY:**

Please write any pertinent medical or social history and previous therapies: \_\_\_\_\_

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Please write in your child's developmental history: \_\_\_\_\_

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Please let me know anything else that you would like me to know about your child:

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**EMERGENCY CONTACT:**

Who do I contact in case of emergency, if I am unable to reach you?

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #'s: \_\_\_\_\_ Relationship: \_\_\_\_\_