

CHILD'S NAME \_\_\_\_\_

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*MENTAL HEALTH HISTORY (Please complete to the best of your ability about your child)*

Does he/she have difficulty falling or staying asleep, or have frequent nightmares? yes no

Has he/she ever overexercised, fasted or made him/herself throw up to lose weight? yes no

Does he/she go on 'binges' - eat a lot of junk food in one sitting, past the point of feeling full? yes no

Has he/she ever purposely inflicted damage to him/herself? (through cutting, burning, hitting, etc.) yes no

Is he/she easily distracted or find it difficult to stay focused on one task or to sit still through a movie? yes no

Has he/she ever had a panic attack? (intense anxiety, difficulty breathing, heart pounding, dizziness yes no

Has he/she felt people were out to get him/her? yes no

Does he/she have recurrent disturbing thoughts or frightening images that he/she can't get out of his/her mind? yes no

Does he/she have recurrent distressing memories, flashbacks or nightmares of a traumatic event? yes no

Does he/she feel compelled to engage in repetitive rituals? (repeatedly checking to make sure the door is locked, washing and rewashing his/her hands, etc.) yes no

Does he/she work extra long hours on homework? yes no

Does he/she struggle with compulsive shopping, spending, gambling, videogames or surfing the web? yes no

Has he/she thrown/broken things, slammed doors, hit, pushed, slapped or verbally berated someone? yes no

Has he/she ever shaken another child in anger, or hit a child hard enough to leave a bruise? yes no

Has he/she ever been sexually abused, raped, or forced to do sexual things? yes no

Has he/she ever been verbally or emotionally abused? (called names, degraded, made to feel inferior) yes no

Has he/she ever been physically abused? (hit, shoved, slapped, burned, held against his/her will, etc.) yes no

Has he/she ever seriously thought of harming or killing him/herself? yes no

Has he/she ever had serious thoughts or fantasies of harming or killing someone else? yes no

Are his/her parents divorced/separated? yes no

If so, how old was he/she when they divorced/separated? \_\_\_\_\_

Is there any family history of depression or mental illness? yes no

Please explain \_\_\_\_\_

Deceased family members (parents, siblings, pets)	Year of death	Cause of death

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_