



# CAPS

Child & Adolescent Psychiatric Solutions

## Social History

Patient Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Today's date \_\_\_\_\_

Please include a short synopsis of what brings you in today and when these problems started:

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### Previous Psychiatric History:

- Previous Psychiatrist \_\_\_\_\_
- Previous Therapist \_\_\_\_\_
- Current Therapist \_\_\_\_\_
- Wrap around services \_\_\_\_\_
- Family based services \_\_\_\_\_
- Previous Hospitalizations \_\_\_\_\_
- Partial Hospitalizations \_\_\_\_\_
- Out of home placements \_\_\_\_\_

PCP \_\_\_\_\_

Pharmacy \_\_\_\_\_

Allergies \_\_\_\_\_

Previous Medication Trials – please list type, dosing, dates, and reason it was discontinued.

Medication: \_\_\_\_\_

Medication: \_\_\_\_\_

Medication: \_\_\_\_\_

Medical History (current problems – hospitalizations, surgeries, etc.)

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Family history – please include medical and psychiatric, as well as history of medications

Maternal:

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Paternal:

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Lives at home with \_\_\_\_\_  
Legal Custody \_\_\_\_\_  
Religion/Spirituality \_\_\_\_\_

Current grade \_\_\_\_\_ Current school \_\_\_\_\_  
History of schools attended \_\_\_\_\_  
IEP or 504? Any school accommodations? \_\_\_\_\_  
Average GPA/school performance: \_\_\_\_\_  
Have you ever had to repeat a grade? Which? \_\_\_\_\_

History of abuse or domestic violence \_\_\_\_\_ CYF involvement \_\_\_\_\_

## Developmental History

How many weeks at delivery? \_\_\_\_\_

Routine prenatal care? \_\_\_\_\_

Birth weight \_\_\_\_\_

Any complications after birth? \_\_\_\_\_

On time for developmental milestones?

- walking \_\_\_\_\_
- talking \_\_\_\_\_
- toilet trained \_\_\_\_\_

Any history of accidents? Bedwetting? \_\_\_\_\_