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**Brief Psychosocial History**

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Your Name: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

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

Phone: hm	_____	→	ok to leave message? Y / N
wk	_____	→	ok to leave message? Y / N
cell	_____	→	ok to leave message? Y / N
other	_____	→	ok to leave message? Y / N
email	_____	→	ok to email? Y / N

Do you want a superbill periodically to submit to your PPO insurance? Y / N

How did you hear about my services? \_\_\_\_\_

Please describe briefly your child's current difficulties at home : \_\_\_\_\_

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

Please describe briefly your child's current difficulties at school : \_\_\_\_\_

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

Please describe briefly your child's current difficulties in the community : \_\_\_\_\_

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

**How often** does your child have play dates/get-togethers and **how do these go** (e.g., share, take turns, play alone, bossy, cheat at games, sore loser, able to communicate ideas for play/spending time together, attention span for play, etc.)? \_\_\_\_\_

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

What toys and/or board games does s/he like to play with? \_\_\_\_\_

What extracurricular activities is your child involved in? How often and when? \_\_\_\_\_

Problems with compliance/self-control (e.g., obey your commands)? \_\_\_\_\_

Ethnic/racial/religious background: \_\_\_\_\_

Child's School: \_\_\_\_\_ Grade/Level: \_\_\_\_\_

Does your child have a current IEP? \_\_\_\_\_ Y / N

Describe Any Special Services Provided by the School: \_\_\_\_\_

### **Child's Medical, Developmental, and Psychiatric History**

Please describe any complications during pregnancy: \_\_\_\_\_

Did the mother drink alcohol or use drugs at any time during pregnancy, even before she knew she was pregnant? Y / N If yes, how much on how many occasions? \_\_\_\_\_

Please describe any developmental milestones that were either delayed or early: \_\_\_\_\_

Any difficulties in toilet training? \_\_\_\_\_

When did he say single words? \_\_\_\_\_ Phrases? \_\_\_\_\_ Sentences? \_\_\_\_\_

Problems with speech? \_\_\_\_\_

Other problems (e.g., gross or fine motor skills, handwriting, school performance) \_\_\_\_\_

Child's pediatrician: \_\_\_\_\_ Immunizations current? \_\_\_\_\_ Y / N

List current/past medical problems (including vision/hearing): \_\_\_\_\_

Allergies: \_\_\_\_\_

Current medications (prescription & non):	Dosage:	Purpose
_____	_____	_____
_____	_____	_____

Name of prescribing physician and phone #: \_\_\_\_\_

Please list any counseling or therapy your child has had (OT, speech, PT, individual therapy, social skills classes/parenting classes).

Name of therapist/class: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of therapist/class: \_\_\_\_\_ Dates: \_\_\_\_\_

Name of therapist/class: \_\_\_\_\_ Dates: \_\_\_\_\_

Has your child ever received a psychological or educational evaluation? If yes, what was the diagnosis? \_\_\_\_\_ By Whom? \_\_\_\_\_

Date of Evaluation? \_\_\_\_\_

Has your child ever been hospitalized for psychiatric reasons? Y / N

Hospital \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

How would you rate your child's current physical health? (please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems your child is currently experiencing:

\_\_\_\_\_

How would you rate your child's current sleeping habits? (please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems your child is currently experiencing:

\_\_\_\_\_

Please list any difficulties your child is experiencing with their appetite or eating patterns:

\_\_\_\_\_

Is your child currently experiencing overwhelming sadness, grief, or depression?

No  Yes

If yes, for approximately how long? \_\_\_\_\_

Is your child currently experiencing anxiety, panic attacks, or have any phobias?

No  Yes

If yes, when did they begin experiencing this? \_\_\_\_\_

Do you suspect that your child drinks alcohol or engages in drug use?  No  Yes

### Social/Family

Marital/relationship status: single married/partnered separated divorced widowed

If married/partnered, how long? \_\_\_\_\_

List children living at home:

Age:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any siblings not living at home? Please list names and ages: \_\_\_\_\_

### Work/Education

Your Occupation: \_\_\_\_\_ Hours employed: \_\_\_\_\_

Your Spouse's Occupation: \_\_\_\_\_ Hours employed: \_\_\_\_\_

Household income (circle one): <\$50K      \$50-\$100K      \$100-\$150K      \$150K+

Education: Highest grade or level achieved and degrees held:

Yourself: \_\_\_\_\_ Spouse: \_\_\_\_\_

### Additional Information

Does anyone in your family have a history of any mental health problems? If yes, who?

Depression/Bipolar \_\_\_\_\_

Anxiety \_\_\_\_\_

Autism \_\_\_\_\_

Attention/Deficit-Hyperactivity Disorder \_\_\_\_\_

Mental Retardation/Learning Disorders \_\_\_\_\_

Alcohol/Drug Abuse \_\_\_\_\_

Other \_\_\_\_\_

Is there anything else I need to know about your child and/or your family (e.g., Is a separation/divorce pending...Recent death in the family...Child's best friend move away...Child adopted)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_