Healing the Children

Social History Record
* Must include a picture

CHILD'S NAME		NAME CHILD GOES BY	SEX ☐ MALE ☐ FEMALE	BIRTHDATE	BIRTH COUNTRY
FATHER'S NAME			OCCUPATION	BIRTHDATE	RELIGION
FATHER'S ADDRESS					FAMILY ANNUAL INCOME
MOTHER'S NAME (If different)				BIRTHDATE	OCCUPATION

NAME OF MEMBERS IN HOUSEHOLD (list those living at home)	AGE	RELATIONSHIP	SEX

DESCRIBE CHILD'S HOME AND NEIGHBORHOOD

DESCRIBE CHILD'S BEHAVIOR (EMOTIONAL, PSYCHOLOGICAL)

HOW DOES CHILD HANDLE STRESS

SCHOOLING (LAST GRADE COMPLETED)

DESCRIBE CHILD'S DAILY ROUTINE

DESCRIBE CHILD'S LIKES AND DISLIKES

DESCRIBE CHILD'S SLEEPING PATTERN

CLOTHES SIZE   FAVORITE TOY / BLANKET

DATE COMPLETED   FORM COMPLETED BY   RELATIONSHIP

ROUTING INSTRUCTIONS: ORIGINAL — HTC   YELLOW — FOSTER FAMILY   PINK — FOREIGN CONTACT

HTC 105 (REV. 7/90)