

Eating Disorder Youth Service (EDYS)

FAMILY INFORMATION FORM

We are grateful if you could complete this prior to your assessment.

Name of Young Person referred.....

Date of Birth..... Age.....

Address.....
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Telephone number Home.....
Young person mobile.....
Mother mobile.....
Father mobile.....

Social Service involvement? Yes No
If Yes, Name of Social Worker.....
 Address.....
 Telephone no.....

Who lives in your home?

Name	Age	M/F	Relationship	If child – are they natural, adopted, step or foster	Occupation or grade in school

Please give details of other important family members living apart from young person.

Name	Relationship	Age	Comment on current living arrangements

In case of separation/divorce you may wish to comment on contact/lack of contact and the effect of this.

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In your own words, please state the difficulties your child/family is experiencing.

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Please detail any serious upsets/accidents/losses or deaths experienced by your child.

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Has your child received any treatment in the past 2 years? If yes, who with?

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Has your child had any physical illnesses, mental health difficulties or periods of hospitalisation?

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Have any of your family or extended family had any physical illnesses or mental health difficulties?

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Is any member of the family currently ill, taking medication, or in receipt of counselling?

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School History

What pre-school care did your child receive e.g playgroup, child-minder, nursery, family member? How did your child adjust?

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Name of current School.....
Form Teacher.....
Year.....

Other schools attended	Town	Year(s)	Age(s)

Is attendance an issue?

Has your child had any particular difficulties at school? Has their behaviour been a concern? If yes, please describe.

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Please tell us of any other professionals involved with your family.

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Developmental History

During pregnancy were there any illnesses, accident or emotional concerns?

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Were any drugs (prescribed or non-prescribed), alcohol, tobacco taken during pregnancy?

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Were there problems with any other pregnancy (miscarriage, difficult delivery)?

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Describe the delivery.

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Describe anything unusual in the first few weeks of life (jaundice, infection, convulsions)?

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What was the emotional experience of mother and father concerning delivery and first year of life (include PND)?

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What were the reactions of other family members to the new baby?

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Were there any feeding difficulties in the first few years?

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Were any developmental milestones delayed eg. walking, talking?

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Comment on what it was like to care for this child:

As an infant

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As a toddler

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As a primary school child

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As a secondary school child

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Has your child had any difficulties with:

Eating or appetite

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Particular fears or worries

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Sleeping

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Discipline

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Friendships

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Please describe your child's strengths.

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Please indicate here any information, which you feel may be helpful for us to know

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Name of person completing this form.....

Relationship to child.....

Date.....