



Social and Medical History for a Child in Foster Care

DATE SOCIAL AND MEDICAL HISTORY BEGAN	DATE SOCIAL AND MEDICAL HISTORY MOST RECENTLY UPDATED
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SECTION A: CHILD'S IDENTIFYING INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME		OTHER KNOWN NAMES/NICKNAMES	
DATE OF BIRTH	GENDER <input type="radio"/> Male <input type="radio"/> Female		SEXUAL ORIENTATION/GENDER IDENTITY (if known)		HEIGHT AS OF	WEIGHT AS OF	
HAIR COLOR/TEXTURE		EYE COLOR		SKIN COLOR/TONE		NATIONALITY	
RACE (check all that apply) <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White							HISPANIC HERITAGE? <input type="radio"/> Yes <input type="radio"/> No
ICWA APPLIES? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			ENROLLED TRIBAL MEMBER? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			ELIGIBLE FOR TRIBAL ENROLLMENT? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
TRIBAL MEMBER? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown				ELIGIBLE FOR TRIBAL MEMBERSHIP? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
RELIGION				BIRTH PARENT SPECIFIED A RELIGIOUS PREFERENCE FOR FOSTER OR ADOPTIVE PARENT <input type="radio"/> Yes <input type="radio"/> No			
PRIMARY LANGUAGE SPOKEN				SECONDARY LANGUAGE SPOKEN			
EFFORTS TO VERIFY AMERICAN INDIAN ANCESTRY AND NOTIFY AND ENGAGE TRIBE							

SECTION B: CHILD'S SIBLINGS

1.	FIRST NAME		GENDER <input type="radio"/> Male <input type="radio"/> Female		BIRTH YEAR	LAST GRADE COMPLETED	
	TYPE OF SIBLING <input type="radio"/> Birth <input type="radio"/> Adopted <input type="radio"/> Step (through marriage)			NATIONALITY			
	RACE (check all that apply) <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White						HISPANIC HERITAGE? <input type="radio"/> Yes <input type="radio"/> No
	LIVING WITH SIBLING(S)? <input type="radio"/> Yes <input type="radio"/> No						
	LIVING ARRANGEMENT <input type="checkbox"/> Birth parent <input type="checkbox"/> Relative <input type="checkbox"/> Relative foster care <input type="checkbox"/> Non-relative foster care <input type="checkbox"/> Relative adoptive parent <input type="checkbox"/> Non-relative adoptive parent <input type="checkbox"/> Other						
	LAST KNOWN ADDRESS			CITY		STATE MN	COUNTY
ONGOING VISITATION/CONTACT (e.g., specific details, considerations, limitations, etc.)							DECEASED? <input type="radio"/> Yes <input type="radio"/> No

SECTION C: CHILD'S PLACEMENT HISTORY

LEGAL AUTHORITY FOR PLACEMENT <input type="checkbox"/> Voluntary <input type="checkbox"/> Court ordered
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INFORMATION ABOUT FAMILY CONFIGURATION AND RELATIONSHIP DYNAMICS

WHO LIVED WITH CHILD IN REMOVAL HOME (check all that apply)

- Mom Dad Siblings Others

TYPE OF ABUSE EXPERIENCED BY CHILD (check all that apply)

- Physical abuse Emotional/verbal abuse Sexual abuse Neglect Pre-natal exposure to drugs/alcohol
 Abandonment Witness to domestic violence Parent with presumption of palpably unfit

SPECIFICALLY DESCRIBE THE CHILD'S ABUSE/NEGLECT HISTORY AND REASON CHILD CAME INTO FOSTER CARE

DESCRIBE PHYSICAL APPEARANCE OF CHILD AT TIME OF PLACEMENT

EXAMS/ASSESSMENTS CONDUCTED AT TIME OF REMOVAL (e.g., physical or medical exam, trauma assessment, etc.)

CHILD UNDER GUARDIANSHIP OF THE COMMISSIONER OF HUMAN SERVICES?

- Yes No

PLACEMENT RECORD	Start date	End date	Provider's first name, city, county, state	Reason for entering placement	Reason for leaving placement (e.g., reunification with parent; foster parent could not meet child's needs; moved to pre-adoptive placement)
Current placement					
Previous placement					
Previous placement					

SECTION D: CHILD'S MEDICAL HISTORY AND CURRENT HEALTH INFORMATION

- Medical records are attached Medical records have been requested

CURRENT HEALTH CONDITION OF THE CHILD

ALLERGIES

CURRENT MEDICAL PROBLEMS, CHRONIC ILLNESSES OR ACUTE CONDITIONS

CHILDHOOD DISEASES AND ILLNESSES

SURGERIES

HISTORY OF SIGNIFICANT MEDICAL TREATMENT AND HOSPITALIZATIONS

MEDICAL PROVIDERS (doctors)

Name	Contact information (e.g., address, phone number)	Purpose of treatment	Service dates
			to
			to
			to
			to
			to
			to
			to

DENTISTS/ORTHODONTISTS

Name	Contact information (e.g., address, phone number)	Purpose of treatment	Service dates
			to

IMMUNIZATIONS

Immunization records are attached Immunization records have been requested

Immunization	Date given	Date given	Date given	Date given	Date given	Date given
Diphtheria Tetanus Pertussis						
DTP						
DtaP						
DTP/Hib						
DT – Pediatric						
Td booster (needed every 10 years)						
Polio – OPV						
Polio – IPV						
Measles, Mumps, Rubella						
Typhoid						
Varicella (Chicken Pox)						
Haemophilus influenza b						
Hib						
DTP/Hib						
Hepatitis B						
Hepatitis A						
Pneumococcal						
Influenza						

PSYCHOLOGICAL/PSYCHIATRIC EVALUATIONS AND ASSESSMENTS

Type of evaluation/ assessment	Professional completing assessment	Summary of diagnoses, other findings, recommendations	Service dates
		1) Diagnoses <hr/> 2) Other information <hr/> 3) Recommendations <hr/>	to

MENTAL HEALTH PROVIDERS (therapists/psychiatrists)

Name	Contact information (e.g., address, phone number)	Purpose of treatment	Service dates
			to

MEDICATIONS

Name of medication (plus generic name, if different)	Dosage (e.g., amount and frequency prescribed)	Purpose of treatment	Psychotropic medication	Who prescribed medication	Start and end dates of medication
					to
					to
					to
					to
					to
					to
					to

CHILD'S BIRTH HISTORY

Hospital birth records are attached Hospital birth records have been requested

FULL TERM? <input type="radio"/> Yes <input type="radio"/> No	LENGTH OF PREGNANCY	TIME OF BIRTH	PLACE OF BIRTH (hospital, city, state)		
LENGTH	WEIGHT	HEAD CIRCUMFERENCE	CHEST CIRCUMFERENCE	APGAR SCORES 1 minute _____ 5 minutes _____	
TYPE OF DELIVERY <input type="radio"/> Normal <input type="radio"/> C-Section <input type="radio"/> Assisted					
SPECIAL COMPLICATIONS/MEDICAL CONDITIONS AT BIRTH					
PRENATAL CARE					
PRENATAL EXPOSURE TO ALCOHOL, DRUGS, NICOTINE					
COMPLICATIONS DURING PREGNANCY (e.g., prenatal exposure to sexually transmitted diseases, illness, injury, etc.)					

SECTION E: CHILD'S EDUCATIONAL INFORMATION (including pre-kindergarten and day treatment)

Child is not of school age and is not currently receiving any educational services

	Name and address	Grade	GPA	IEP, 504 Plan, Title I or other formal supports	On track to pass to next grade or graduate	Attendance dates
CURRENT SCHOOL				<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Yes <input type="radio"/> No	to
PREVIOUS SCHOOL				<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Yes <input type="radio"/> No	to

ACADEMIC ABILITY, INCLUDING SUBJECTS IN WHICH CHILD EXCELS OR STRUGGLES
CHILD'S OTHER EDUCATIONAL NEEDS AND SERVICES (e.g., social skills groups, etc.)
SOCIAL INTERACTION WITH ADULTS AND CHILDREN IN EDUCATION SETTING
PRE-SCHOOL LEARNING OPPORTUNITIES (e.g., Head Start, Early Childhood Family Education)

SECTION F: CHILD'S DESCRIPTION

CHILD'S BEHAVIOR (check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Helpful | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Good listener |
| <input type="checkbox"/> Respectful | <input type="checkbox"/> Good with peers | <input type="checkbox"/> Considerate of others | <input type="checkbox"/> Follows directions |
| <input type="checkbox"/> Sleeps well | <input type="checkbox"/> Eats well | <input type="checkbox"/> Enjoys adult attention | |
| <input type="checkbox"/> Sleep abnormalities | <input type="checkbox"/> Manipulative | <input type="checkbox"/> Chemical abuse | <input type="checkbox"/> Oppositional |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Indiscriminate affection | <input type="checkbox"/> Poor impulse control | <input type="checkbox"/> Disrespectful |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Forgetful | <input type="checkbox"/> Poor conscience development | <input type="checkbox"/> Over competency |
| <input type="checkbox"/> Parentified | <input type="checkbox"/> Clingy or overly dependent | <input type="checkbox"/> Social immaturity/wide variations in level of behavior and reactions | |
| <input type="checkbox"/> Lack of self-awareness (physical and emotional) | <input type="checkbox"/> Daytime lack of bladder/bowel control | | |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Sexual acting out | <input type="checkbox"/> Stealing | <input type="checkbox"/> Lying |
| <input type="checkbox"/> Running away | <input type="checkbox"/> Aggressive/assaultive | <input type="checkbox"/> Destructive to property | <input type="checkbox"/> Fire setting |
| <input type="checkbox"/> Harmful to animals | <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Other | |

HOW THE ABOVE BEHAVIORS ARE MANIFESTED (e.g., to whom, where, is it age appropriate)
SUCCESSFUL STRATEGIES OF BEHAVIOR MANAGEMENT/BEHAVIOR MODIFICATION FOR THE CHILD
STRATEGIES OF BEHAVIOR MANAGEMENT/BEHAVIOR MODIFICATION THAT HAVE BEEN SUCCESSFUL IN THE PAST
CHILD'S STRENGTHS

CHILD'S AREAS OF CONCERN

COMMENTS REGARDING CHILD'S BEHAVIOR

CHILD'S MOOD OR Demeanor (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Outgoing/friendly | <input type="checkbox"/> Confused | <input type="checkbox"/> Sullen/withdrawn | <input type="checkbox"/> Happy |
| <input type="checkbox"/> Tearful/sad | <input type="checkbox"/> Complaining/irritable | <input type="checkbox"/> Fearless | <input type="checkbox"/> Anxious/worried |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Fearful | <input type="checkbox"/> Total absence of emotion | <input type="checkbox"/> Antagonistic |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Manic | <input type="checkbox"/> Bored | <input type="checkbox"/> Apathetic |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Content | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Energetic |
| <input type="checkbox"/> Lonely | <input type="checkbox"/> Moody | <input type="checkbox"/> Optimistic | <input type="checkbox"/> Relaxed |
| <input type="checkbox"/> Stressed | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Shy | <input type="checkbox"/> Other |

COMMENTS REGARDING THE CHILD'S MOOD OR Demeanor

CHILD'S PEER RELATIONSHIPS (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Prefers playing alone | <input type="checkbox"/> Prefers one or two friends | <input type="checkbox"/> Prefers playing in larger groups of friends |
| <input type="checkbox"/> Prefers younger friends | <input type="checkbox"/> Prefers older friends | <input type="checkbox"/> Likes to play with other children |
| <input type="checkbox"/> Hesitant to join group of children | <input type="checkbox"/> Shows leadership ability | <input type="checkbox"/> Has difficulty making friends |
| <input type="checkbox"/> Has difficulty maintaining friendships | <input type="checkbox"/> Rejected by other children due to behavior | <input type="checkbox"/> Lonely |
| <input type="checkbox"/> Other | | |

COMMENTS REGARDING THE CHILD'S PEER RELATIONSHIPS

CHILD'S RELATIONSHIPS WITH ADULTS (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Clings to one particular person | <input type="checkbox"/> Refuses to get close to a particular person |
| <input type="checkbox"/> Fears strangers, appropriate for age | <input type="checkbox"/> Fears strangers, not appropriate for age |
| <input type="checkbox"/> Willing to go with strangers | <input type="checkbox"/> Cautiousness of strangers, appropriate for age |
| <input type="checkbox"/> Has trusting relationship with at least one adult | <input type="checkbox"/> Challenges authority figures |
| <input type="checkbox"/> Has difficulty with adults based on <input type="radio"/> Males <input type="radio"/> Females | <input type="checkbox"/> Prefers interactions with adults over same-age peers |
| <input type="checkbox"/> Responds well to 1:1 attention from adults | <input type="checkbox"/> Does not trust adults, or has no attachment to even one adult |
| <input type="checkbox"/> Other | |

COMMENTS REGARDING THE CHILD'S RELATIONSHIPS WITH ADULTS

CHILD'S PERSONALITY

WHAT CHILD HAS BEEN LIKE IN FOSTER CARE PLACEMENT

CHILD'S SCHEDULE
CHILD'S FEARS
CHILD'S COMFORT ITEMS
CHILD'S HOPES/DREAMS/PLANS FOR THE FUTURE

CHILD'S LIKES AND DISLIKES	LIKES	DISLIKES
Foods		
Toys		
Activities		
People		

CHILD'S INTERESTS

WHAT CHILD LIKES TO DO IN HIS/HER SPARE TIME
CHILD'S HOBBIES
SPORTS AND OTHER ACTIVITIES THE CHILD HAS PARTICIPATED IN
CHILD'S TALENTS

SECTION G: MEDICAL AND SOCIAL HISTORY INFORMATION FOR CHILD'S BIRTH PARENTS AND BIRTH RELATIVES

BIRTH MOTHER

FIRST NAME	MIDDLE NAME	OTHER KNOWN NAMES/NICKNAMES	
AGE AT CHILD'S BIRTH	BIRTH PLACE (city, county, state)		
HEIGHT	AS OF	WEIGHT	AS OF
		EYE COLOR	HAIR COLOR
DISTINGUISHING PHYSICAL TRAITS			

NATIONALITY	RACE (check all that apply) <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White		HISPANIC HERITAGE? <input type="radio"/> Yes <input type="radio"/> No
ICWA APPLIES? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	ENROLLED TRIBAL MEMBER? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	ELIGIBLE FOR TRIBAL ENROLLMENT? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
TRIBAL MEMBER? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	ELIGIBLE FOR TRIBAL MEMBERSHIP? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
RELIGION	BIRTH PARENT SPECIFIED A RELIGIOUS PREFERENCE FOR FOSTER OR ADOPTIVE PARENT <input type="radio"/> Yes <input type="radio"/> No		
PRIMARY LANGUAGE SPOKEN	SECONDARY LANGUAGE SPOKEN		
HIGHEST EDUCATIONAL LEVEL ATTAINED <input type="checkbox"/> Did not complete high school <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Some post-secondary education or training <input type="checkbox"/> College degree <input type="checkbox"/> Other			
OCCUPATION			
EMOTIONAL AND PERSONALITY BACKGROUND			
POSITIVE ATTRIBUTES, SUCH AS INTERESTS, SKILLS, TALENTS AND POSITIVE CHARACTERISTICS			
INTERACTIONS BETWEEN CHILD AND MOTHER (quantity and quality)			
SIGNIFICANT MEDICAL HISTORY			
SIGNIFICANT MENTAL HEALTH HISTORY			
SUMMARY OF LIFE EXPERIENCES AS RELEVANT TO CHILD'S BEST INTERESTS			

BIRTH FATHER

LEGAL STATUS OF FATHER <input type="radio"/> Adjudicated <input type="radio"/> Presumed <input type="radio"/> Alleged <input type="radio"/> Putative			
FIRST NAME		MIDDLE NAME	OTHER KNOWN NAMES/NICKNAMES
AGE AT CHILD'S BIRTH	BIRTH PLACE (city, county, state)		
HEIGHT	AS OF	WEIGHT	AS OF
EYE COLOR		HAIR COLOR	
DISTINGUISHING PHYSICAL TRAITS			
NATIONALITY	RACE (check all that apply) <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White		HISPANIC HERITAGE? <input type="radio"/> Yes <input type="radio"/> No

ICWA APPLIES? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	ENROLLED TRIBAL MEMBER? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	ELIGIBLE FOR TRIBAL ENROLLMENT? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
TRIBAL MEMBER? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	ELIGIBLE FOR TRIBAL MEMBERSHIP? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
RELIGION	BIRTH PARENT SPECIFIED A RELIGIOUS PREFERENCE FOR FOSTER OR ADOPTIVE PARENT <input type="radio"/> Yes <input type="radio"/> No	
PRIMARY LANGUAGE SPOKEN	SECONDARY LANGUAGE SPOKEN	
HIGHEST EDUCATIONAL LEVEL ATTAINED <input type="checkbox"/> Did not complete high school <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Some post-secondary education or training <input type="checkbox"/> College degree <input type="checkbox"/> Other		
OCCUPATION		
EMOTIONAL AND PERSONALITY BACKGROUND		
POSITIVE ATTRIBUTES, SUCH AS INTERESTS, SKILLS, TALENTS AND POSITIVE CHARACTERISTICS		
INTERACTIONS BETWEEN CHILD AND FATHER (quantity and quality)		
SIGNIFICANT MEDICAL HISTORY		
SIGNIFICANT MENTAL HEALTH HISTORY		
SUMMARY OF LIFE EXPERIENCES AS RELEVANT TO CHILD'S BEST INTERESTS		

SOCIAL HISTORY INFORMATION FOR LEGAL PARENTS, IF CHILD'S REMOVAL HOME WAS NOT WITH A BIRTH PARENT

PARENT TYPE <input type="checkbox"/> Adoptive mother <input type="checkbox"/> Adoptive father <input type="checkbox"/> Step mother <input type="checkbox"/> Step father <input type="checkbox"/> Legal custodian <input type="checkbox"/> Relative					
EXPLANATION OF FAMILY CONFIGURATION					
First name	How related	Year of birth	Deceased	Residence (city, state)	Relationship with child
			<input type="radio"/> Yes <input type="radio"/> No		

SUMMARY OF FAMILY MEDICAL HISTORY *(check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Heart disease/heart attack | <input type="checkbox"/> Stroke | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Alzheimer's Disease |
| <input type="checkbox"/> Huntington's Disease | <input type="checkbox"/> Neurofibromatosis | <input type="checkbox"/> Thyroid conditions |
| <input type="checkbox"/> Depression | | |

- Suicide
- Bipolar Disorder
- Anxiety Disorder
- Schizophrenia
- Alcohol/drug abuse or dependency
- Borderline Personality Disorder
- Learning disabilities or disorders
- ADHD or ADD
- Autism Spectrum Disorder
- Auto Immune Disorder
- Other genetic disorders
- Other

OTHER IMPORTANT PEOPLE

First name	Relationship	Residence (city, state)	Quality of relationship with child (including contact)

SECTION H: ATTACHMENTS TO SOCIAL AND MEDICAL HISTORY

Redacted copies of the child's relevant documents, including records, evaluations, assessments and reports, must be provided as attachments to this social and medical history. Relevant documents may include, but are not limited to:

- Birth records
- Medical records
- Dental records
- Immunization records
- Psychological evaluations
- Psychiatric evaluations
- Diagnostic assessments
- Therapeutic progress reports
- IEP assessments and plans
- Report cards and other school progress reports

NOTE: Use the DHS-6754B form to document the specific attachments/documents provided with this social and medical history, and to sign acknowledgement of receipt.