

What prior attempts to correct the problem(s) have been made? Please indicate prior psychiatric history, contact with other professionals, medications, types of treatment, etc.

What would you like us to do for your child, yourself, or your family?

MEDICAL HISTORY

Present height:

Present weight:

Please indicate any of the following that apply. Use the space below to describe.

<input type="checkbox"/> History of head trauma	<input type="checkbox"/> Periods of spaciness	<input type="checkbox"/> Periods of confusion	<input type="checkbox"/> History of seizures or seizure-like activity
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Describe current medical problems, including current medications.

Allergies/Drug intolerances (describe):

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Describe past medical problems, including past medications taken.

List prior hospitalizations (date, place, reason, outcome):

Please indicate other doctors or clinics seen regularly.

List abnormal lab tests, X-rays, EEG, etc.

FAMILY HISTORY

Please describe your family structure—who lives in the current household with the child and relationship to the child.

Please describe any traumatic events that your child has experienced.

List any current factors that are a source of stress in the family.

CHILD'S DEVELOPMENTAL HISTORY	
Prenatal History	
Parents' attitude toward the pregnancy:	
Conception: <input type="checkbox"/> Easy <input type="checkbox"/> Difficult <input type="checkbox"/> Planned <input type="checkbox"/> Unplanned <input type="checkbox"/> In vitro <input type="checkbox"/> Artificial insemination	
Pregnancy complications: <input type="checkbox"/> Bleeding <input type="checkbox"/> Excessive vomiting <input type="checkbox"/> Infections <input type="checkbox"/> X-rays <input type="checkbox"/> Medication use <input type="checkbox"/> Smoking	
<input type="checkbox"/> Alcohol use <input type="checkbox"/> Street drug use <input type="checkbox"/> Other (describe):	
Birth and Postnatal Period	
Birth weight:	Length:
Labor duration:	
Delivery type: Vaginal <input type="checkbox"/> Yes <input type="checkbox"/> No Cesarean <input type="checkbox"/> Yes <input type="checkbox"/> No Forceps <input type="checkbox"/> Yes <input type="checkbox"/> No Premature delivery <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe delivery problems.	
Apgar score (if known): 1-minute score: _____ 5-minute score: _____ Any jaundice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe any other complications.	
Length of newborn's hospital stay:	
Mother's Health after Delivery	
Post-delivery blues <input type="checkbox"/> Yes <input type="checkbox"/> No	Postpartum depression <input type="checkbox"/> Yes <input type="checkbox"/> No
How long did depression or blues last?	
Child Caretakers and Separations	
Primary caretaker for child in first year:	
Primary caretaker(s) after first year:	
Separations from mother and/or father? <input type="checkbox"/> Yes <input type="checkbox"/> No	At what age? Duration:
Describe child's reaction to separation.	
Feeding History	
Feeding method: <input type="checkbox"/> Breast fed <input type="checkbox"/> Bottle fed	Age at weaning:
List food allergies:	
Describe any current eating problems:	
Sleep History	
Sleep problems: <input type="checkbox"/> Sleep-walking <input type="checkbox"/> Nightmares <input type="checkbox"/> Recurrent dreams <input type="checkbox"/> Gets up frequently <input type="checkbox"/> Trouble going to bed	
Describe.	
Motor Development	
Please write in the correct age; in parentheses are approximate normal limits.	
Rolled over (3-5 m):	Crawled (5-8 m):

Sat without support (5-7 m):	Walked well (11-16 m):
Ran well (2 yr):	Rode tricycle (3 yr):
Threw ball overhand (4 yr):	Current level of activity:
Fine and gross motor coordination:	
Current level of activity:	
Coordination compared to peers:	
Language Development Please write in the correct age; in parentheses are approximate normal limits.	
Spoke many words besides "dada" or "mama" (1yr):	
Named several objects—ball, cup, etc. (15 m):	
Put 3 words together—subject, verb, object (24 m):	
Vocabulary:	
Articulation:	Comprehension:
Language development compared to peers:	
Any current problems:	
Social Development Please write in the correct age; in parentheses are approximate normal limits.	
Smiled (2 m):	Shy with strangers (6-10 m):
Separated from mother easily (2-3 yr):	Cooperative play with others (4 yr):
Quality of attachment to mother:	
Quality of attachment to father:	
Early peer interaction:	
Current peer interactions:	
Special interests:	
Relationships to family members:	
Hobbies/interests:	
Toilet Training Please write in the correct age.	
Bowel control during day reached at age:	Bowel control during night reached at age:
Bladder control during day reached at age:	Bladder control during day reached at age:
Methods used:	
Ease of training:	
Current function:	
Sexual Development	
Gender identity:	
Any problems?	

Family Development	
Please include marriages, separations, divorces, deaths, traumatic events, losses, etc.	
Current marital situation & satisfaction of parents:	
Please tell us about any traumatic events that your family has experienced.	
Biological Mother's History	
Current age:	Education--highest grade completed:
Work outside of home:	
Learning problems (specify):	
Behavior problems (specify):	
Marriages:	
Medical problems:	
Childhood atmosphere (family position, abuse, illnesses, etc.):	
Has mother ever sought psychiatric treatment? ___ Yes ___ No If yes, for what purpose?	
Mother's alcohol/drug use history:	
Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations?	
Biological Father's History	
Current age:	Education--highest grade completed:
Work outside of home:	
Learning problems (specify):	
Behavior problems (specify):	
Marriages:	
Medical problems:	

Childhood atmosphere (family position, abuse, illnesses, etc.):	
Has father ever sought psychiatric treatment? ___ Yes ___ No If yes, for what purpose?	
Father's alcohol/drug use history:	
Have any of father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations?	
Step-Mother or Adoptive Mother's History, if applicable	
Current age:	Education--highest grade completed:
Work outside of home:	
Learning problems (specify):	
Behavior problems (specify):	
Marriages:	
Medical problems:	
Childhood atmosphere (family position, abuse, illnesses, etc.):	
Medical problems:	
Childhood atmosphere (family position, abuse, illnesses, etc.):	
Have step-/adoptive mother ever sought psychiatric treatment? ___ Yes ___ No If yes, for what purpose?	
Step-/Adoptive mother' alcohol/drug use history:	
Have any of step-/adoptive mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations?	
Step-Father or Adoptive Father's History, if applicable	
Current age:	Education—highest grade completed:
Work outside of home:	
Learning problems (specify):	
Behavior problems (specify):	

Marriages:
Medical problems:
Childhood atmosphere (family position, abuse, illnesses, etc.):
Has step-/adoptive father ever sought psychiatric treatment: ___ Yes ___ No If yes, for what purpose?
Step-Adoptive father's alcohol/drug use history:
Have any of step-/adoptive father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations?

Signature

Date