

Mother's Age _____ **Education** _____ **Place of Employment** _____
(Years)

Years at Company _____ **Position** _____ **Annual Salary** _____

Maternal History of: Learning/Attention Problems? _____

Behavior Problems? _____

Maternal Family History of Mental Illness/Substance Abuse: _____

Father's Age _____ **Education** _____ **Place of Employment** _____
(Years)

Years at Company _____ **Position** _____ **Annual Salary** _____

Paternal History of: Learning/Attention Problems? _____

Behavior Problems? _____

Paternal Family History of Mental Illness/Substance Abuse: _____

Child's Physician _____

Physician's address _____
(Street) (City) (State) (Zip)

Physician's telephone number () _____

Child's School _____ **Child's Grade** _____

School Address _____
(Street) (City) (State) (Zip)

School Phone Number () _____ **Teacher's name** _____

***** Briefly List the Main Problems of the Child/Family:**

1) _____

2) _____

3) _____

4) _____

5) _____

I. DEVELOPMENTAL FACTORS

A. Prenatal History

1. Was this pregnancy planned? Yes _____ No _____
2. How old were you when your child was born? Under 20 _____ 21-34 _____ 35-45 _____ Over 46 _____
3. How was your health during pregnancy? Very good _____ Good _____ Fair _____ Poor _____ Very Poor _____
4. Were there any **health problems**/complications during pregnancy? No _____ Yes _____
If yes, please specify: _____
5. Do you recall using any of the following substances during pregnancy?
- Beer, wine, hard liquor:** Never _____ Few Times _____ Many Times _____ 50+ _____
- Coffee or other caffeine (Cokes, etc.):** Never _____ Few Times _____ Many Times _____ 50+ _____
- Cigarettes:** Never _____ Few Times _____ Many Times _____ 50+ _____
6. Did you use any illegal drugs during pregnancy? No _____ Yes _____
If yes, please specify: _____
7. Did you ingest any prescription medications during pregnancy? No _____ Yes _____
If yes, please specify: _____

B. Perinatal History

8. Was (s)he born on schedule? Post-term _____ wks Term _____ wks. Pre-term _____ wks.
9. Were there indications of fetal distress during labor or during birth? No _____ Yes _____
10. Was delivery: normal _____ breech _____ Caesarian _____?
11. What was the infant's **APGAR** score? 7 or > _____ 4 - 6 _____ < 4 _____
12. What was the infant's birth weight? > 5.5 lbs. _____ 3.5-5.5 lbs. _____ 2-3.5 lbs. _____
13. Were there any **health complications** following birth? No _____ Yes _____
If yes, please specify: _____

C. Postnatal Period and Infancy

14. Were there early infancy **feeding problems**? No _____ Yes _____
15. Did the infant have any **bowel problems**? No _____ Yes _____
16. Did the infant have a **weak cry**? No _____ Yes _____
17. Were there early infancy **sleep-pattern** difficulties? No _____ Yes _____
18. Was the infant **colicky**? No _____ Yes _____
19. Did (s)he enjoy being **cuddled**? Yes _____ No _____
20. Were there problems with **responsiveness/alertness**? No _____ Yes _____

21. Did (s)he exhibit **excessive restlessness**? No _____ Yes _____
22. How would you rate the **activity level** of the child as an infant/toddler?
Not very active _____ Less active than average _____ Average _____ Active _____ Very active _____
23. Did (s)he engage in excessive **head banging**? No _____ Yes _____
24. Was the child an "**easy baby**?" By that I mean: was (s)he generally happy? And did (s)he follow a schedule fairly well? Yes _____ No _____
25. Did the infant have any **congenital problems**? No _____ Yes _____
If yes, please specify: _____

26. Was the baby ever **hospitalized**? No _____ Yes _____
If yes, describe problems and treatment: _____

27. How did the baby behave with **other people**?
More sociable than average _____ Average sociability _____ More unsociable than average _____
28. When (s)he wanted something, how **insistent** was (s)he?
Not very insistent _____ Of average insistence _____ Very insistent _____
29. How well did your toddler pay **attention**?
Very well _____ Reasonably well _____ Average amount _____ Not very well _____ Not at all _____
30. How well did your toddler deal with **transition** and change?
Very well _____ Reasonably well _____ Average ability _____ Not very well _____ Not at all _____
31. How well did your child respond to **new things** (i.e., places, people, food, etc.)
Very well _____ Reasonably well _____ Average degree _____ Not very well _____ Not at all _____

D. Developmental Milestones

32. Indicate when your child reached the following developmental milestones; if you cannot recall exactly, choose the age at which you think the milestone was attained:

Sat up alone:	< 5 months _____	5- 8 months _____	9-12 months _____
Walks well:	7- 8 months _____	9-13 months _____	14-16 months _____
Said first words:	8- 9 months _____	10-12 months _____	>13 months _____
Used 2-3-word phrases:	<18 months _____	18-23 months _____	>24 months _____
Bowel trained (night):	12-15 months _____	15-24 months _____	24-36 months _____
Bladder trained (night):	18-24 months _____	24-36 months _____	36-48 months _____
Tied shoelaces:	4- 5 years _____	5- 6 years _____	6- 7 years _____
Began to read:	4- 5 years _____	5- 6 years _____	6- 7 years _____

II. CURRENT MEDICAL HISTORY

33. How would you describe his/her **current health**?
 Very good _____ Good _____ Fair _____ Poor _____ Very Poor _____
34. Has (s)he had any **chronic health problem** (e.g., asthma, diabetes, etc.)? No _____ Yes _____
 If yes, please specify, including the onset: _____

35. Does your child now take **medicine** of any kind? No _____ Yes _____
 If yes, what kind/s, what for and for how long? _____

36. Does (s)he have any diagnosed **allergies** to any medicine/s? No _____ Yes _____
 If yes, please list and explain: _____

37. How is his/her **hearing**? Good _____ Fair _____ Poor _____
38. How is his/her **vision**? Good _____ Fair _____ Poor _____
39. Does (s)he require **glasses**? No _____ Yes _____
40. How is his/her **gross motor** coordination? Good _____ Fair _____ Poor _____
41. How is his/her **fine motor** coordination? Good _____ Fair _____ Poor _____
42. Is your child: right-handed _____ left-handed _____ ambidextrous _____
43. How is his/her **speech** articulation? Good _____ Fair _____ Poor _____
44. Does (s)he **stutter**? No _____ Yes _____
45. Has (s)he ever stopped talking after speech started? No _____ Yes _____
 If yes, at what age? _____
46. Does (s)he repeat over & over the same sounds, words/phrases (echolalia)? No _____ Yes _____
47. Does (s)he avoid talking to other people? No _____ Yes _____
48. Has the child ever been **hospitalized overnight**? No _____ Yes _____
 If yes, please describe, including length of stay: _____

49. Has (s)he ever had **surgery or an operation**? No _____ Yes _____
 If yes, for what and at what age/s? _____

50. Has the child had any significant **accidents** resulting in the following:
 Head injury _____ Severe bruises _____ Broken bones/Lost Teeth _____
 Lacerations/Sutures _____ Stomach pumped _____ Other _____
 If other, please specify: _____
51. Has your child had periods of **seizures, tics, or fainting**? (circle) No _____ Yes _____

52. Is there any suspicion of **alcohol or drug use**? No _____ Yes _____
If yes, please explain: _____

53. Is there any history of **physical or sexual abuse**? No _____ Yes _____
If yes, please specify, including age and duration: _____

54. Does your child have any problems **sleeping**?
None___ Early-morning awakening___ Sleep-continuity disturbance___ Difficulty falling asleep___
Restless sleep___ Nightmares___ Snoring___ Sleep-walking___ Sleep-talking___

55. Does the child have any **appetite**-control problems?
Overeats _____ Average _____ Under eats _____

56. Does the child have **bladder** control problems? No _____ Yes _____
If yes, do the problems occur during the day? _____ during the night? _____ both? _____
How often do the problems occur? _____
Was the child ever continent? No _____ Yes _____

57. Does the child have **bowel** control problems? No _____ Yes _____
If yes, do the problems occur during the day? _____ during the night? _____ both? _____
How often do the problems occur? _____
Was the child ever continent? No _____ Yes _____

III. TREATMENT HISTORY

58. Has the child ever had any of the following forms of psychological treatment? If so, at what age and how long did the treatment last?

_____ Individual psychotherapy	Age_____	Duration_____
_____ Family therapy including the child	Age_____	Duration_____
_____ Speech Therapy	Age_____	Duration_____
_____ Occupational Therapy	Age_____	Duration_____
_____ Group psychotherapy	Age_____	Duration_____
_____ Inpatient evaluation/hospitalization	Age_____	Duration_____
_____ Psychological testing	Age_____	Duration_____
_____ Residential treatment	Age_____	Duration_____
_____ Other treatment _____	Age_____	Duration_____

59. Has the child *ever been prescribed* any **psychiatric medications**? No _____ Yes _____
If so, what was the medication, at what age was it prescribed, and what was the duration of use?

IV. SCHOOL HISTORY

60. Please list all schools your child has attended, including the grade placement at each:
Current School _____ Grade _____

61. Is your child/has your child ever been in any type of **special education** (SLD; EH; gifted; behavioral/emotional disorder class; speech & language therapy; other)? No _____ Yes _____
If so, when, what type, and for how long? _____

62. Has your child ever been **retained** or repeated a grade? No _____ Yes _____
If yes, please explain: _____

63. Is your child receiving any kind of **tutoring/remedial work**? No _____ Yes _____
If yes, please describe: _____

64. How would you rate your child's **overall level of intelligence** as compared to other children?
Above average _____ Average _____ Below average _____

65. Please list your child's most recent **academic or I.Q. testing**, including the year tested and the scores: _____

66. Has your child had problems at school? No _____ Yes _____
If yes, please check the appropriate spaces below:
_____ Frequent absences _____ Poor grades _____ Refusal to attend school
_____ Fear of school _____ Conflicts with teacher/s _____ Problems with peers
_____ Other If other, please describe: _____

67. Has your child ever been **suspended** from school? No _____ Yes _____ How many times? _____

68. Has your child ever been **expelled** from school? No _____ Yes _____ How many times? _____

69. **Please summarize your child's progress (e.g., academic, social, behavioral, testing, special class/therapy placement) within each of these grade levels:**
Please include a copy of your child's most recent report card with this packet

Preschool/Kindergarten:

Grades 1 – 5:

Grades 6 - 8:

Grades 9 – 12

V. SOCIAL HISTORY

70. If your child has half-/step-/full brothers or sisters, how does (s)he get along with them?
Better than average _____ Average _____ Worse than average _____

71. How easily does your child make friends?
Easier than average _____ Average _____ Worse than average _____

72. Does your child play with children primarily his/her own age? _____ younger _____ older _____

73. On the average, how long does your child keep friendships?
 More than one year _____ Six months – one year _____ Less than six months _____
74. Is your child involved in sports/classes outside of school? No _____ Yes _____
 If yes, please list all activities: _____

75. Please list your child's hobbies or interests: _____

VI. CURRENT BEHAVIORAL CONCERNS

76. Is your child frequently:
 _____ sad, unhappy, or depressed? _____ losing his/her temper? _____ withdrawn?
 _____ preoccupied with something? _____ over-anxious/fearful? _____ daydreaming/distracted?
 _____ easily brought to tears? _____ overly sensitive? _____ angry, irritable?
77. Does your child currently have any of the following habits or mannerisms:
 _____ Peculiar hand movements/involuntary movements _____ Peculiar sounds
 _____ Tics, facial twitches, involuntary grunts/sounds _____ Rocking / Head Banging
 _____ Extreme preoccupation with one activity _____ Unusual rituals
78. Has your child experienced terrifying or traumatic incidents? No _____ Yes _____
 If yes, please explain, including age at time of incident, duration, and child's reaction to incident:

79. What strategies have been implemented to successfully address behavior problems?

80. On average, what percentage of the time does your child **comply** with initial commands?
 80 – 100% _____ 60 – 80% _____ 40 – 60% _____ 20 – 40% _____ 0 – 20% _____
81. On average, what percentage of the time does your child **eventually comply** with commands?
 80 – 100% _____ 60 – 80% _____ 40 – 60% _____ 20 – 40% _____ 0 – 20% _____
82. To what extent are you and your spouse **consistent** with respect to disciplinary strategies:
 N/A _____ most of the time _____ some of the time _____ none of the time _____
83. Have any of the following stress events occurred within the past **twelve months**?
 parents divorced or separated _____ family moved _____ child changed schools _____
 family accident or illness _____ parent changed jobs _____ death in the family _____
 family financial problems _____ other (please specify) _____

VII. OTHER CONCERNS

Please list other concerns, here or on other pages, and submit copies of records that may assist in the care of your child.

VIII. BEHAVIOR SCREENING

Please read the following emotional and behavioral characteristics.

Please check the items that have been **significant** problems for your child during the **past month**.

- 84. Does not play with peers _____ Failure to look at face/eyes of others _____
- Does not make friends _____ Failure to share things of interest with others _____
- Failure to talk _____ Repetition of words/phrases _____
- Does not play "make believe" _____ Intense focus on one interest _____
- Prefers strict routines _____ Repetitive movements of body/part of body _____
- * When did above problem begin? (specify age) _____ **Total** _____

- 85. Fidgets _____ Shifts from one activity to the other _____
- Difficulty remaining seated _____ Difficulty playing quietly _____
- Easily distracted _____ Often talks excessively _____
- Difficulty awaiting turn _____ Often interrupts or intrudes on others _____
- Often does not listen _____ Often loses things _____
- Difficulty following instructions _____ Often engages in physically dangerous activities _____
- Difficulty sustaining attention _____ Often blurts out answers to questions _____
- * When did the above problems begin? (specify age) _____ **Total** _____

- 86. Often loses temper _____ Often actively defies/refuses adult requests/rules _____
- Often argues with adults _____ Is often touchy or easily annoyed by others _____
- Is often angry/resentful _____ Often swears/uses obscene language _____
- Is often spiteful/vindictive _____ Often blames others for own mistakes _____
- Often deliberately does things that annoy other people _____
- * When did the above problems begin? (specify age) _____ **Total** _____

- 87. Stolen without confrontation _____ Stolen with confrontation _____
- Run away from home overnight at least twice _____ Lies often _____
- Deliberate fire-setting _____ Destroyed others property _____
- Forced someone into sexual activity _____ Often truant _____
- Breaking and entering _____ Physically cruel to people _____
- Cruel to animals _____ Used a weapon in a fight _____
- Often initiates physical fights _____
- * When did the above problems begin? (specify age) _____ **Total** _____

- 88. Unrealistic and persistent worry about possible harm to attachment figures _____
- Excessive distress in anticipation of separation from attachment figure _____
- Excessive distress when separated from home or attachment figure _____
- Unrealistic/persistent worry that a calamitous event will separate the child from caretaker _____
- Persistent school refusal _____ Persistent refusal to sleep alone _____
- Persistent avoidance of being alone _____ Somatic complaints _____
- Repeated nightmares regarding separation _____
- * When did the above problems begin? (specify age) _____ **Total** _____

- 89. Unrealistic worry about future events _____ Somatic complaints _____
- Unrealistic concern about competence _____ Marked self-consciousness _____
- Excessive need for reassurance _____ Marked inability to relax _____
- Unrealistic concern about appropriateness of past behavior _____
- * When did the above problems begin? (specify age) _____ **Total** _____

- 90. Diminished pleasure in activities _____ Diminished ability to concentrate _____
- Insomnia or hypersomnia nearly every day _____ Fatigue or loss of energy _____
- Psychomotor agitation or retardation _____ Suicidal ideation or attempt _____
- Low self-esteem _____ Feelings of hopelessness _____
- Decrease/increase in appetite associated with possible failure to make weight gain _____
- Feelings of worthlessness or excessive in-appropriate guilt _____
- Depressed or irritable mood **most of the day, nearly every day** _____
- Depressed or irritable mood for most of the day **for at least one year** _____