

MOTHER'S INFORMATION:

OCCUPATION:

HEALTH STATUS:

LEVEL OF EDUCATION:

HISTORY OF PSYCHIATRIC PROBLEMS: YES NO

FATHER'S INFORMATION:

OCCUPATION:

HEALTH STATUS:

LEVEL OF EDUCATION:

HISTORY OF PSYCHIATRIC PROBLEMS: YES NO

LANGUAGE(S) SPOKEN IN HOME (IF OTHER THAN ENGLISH):

PATIENT'S USUAL CHORES IN THE HOME:

HOW COOPERATIVE IS CHILD WITH DOING CHORES? COOPERATIVE RESISTANT REFUSES

HOW DOES THE PATIENT GET MONEY? WHEN? HOW MUCH?

ANY PETS AT HOME? NO YES DOES CHILD HELP CARE FOR THE PETS? YES NO SOMETIMES

WHAT ACTIVITIES DOES THE FAMILY DO TOGETHER?

HOW DOES THIS CHILD RELATE TO HIS OR HERSIBLINGS?

HOW OFTEN DOES THE FAMILY EAT DINNER TOGETHER?

HOW MUCH TIME DOES YOUR CHILD SPEND PLAYING VIDEO GAMES?

HOW MUCH TIME DOES YOUR CHILD SPEND ONLINE?

DO YOU MONITOR YOUR CHILD'S ONLINE ACTIVITIES? YES NO SOMETIMES

HAS THE FAMILY MOVED? YES NO DESCRIBE MOVES BELOW:

<u>WHEN</u>	<u>WHERE</u>	<u>WHY</u>
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- 1.
- 2.
- 3.
- 4.
- 5.

DOES THE PATIENT HAVE CLOSE CONTACT WITH EXTENDED FAMILY? YES NO

DOES THE FAMILY PRACTICE A RELIGION? YES NO WHICH FAITH?

FAMILY PSYCHIATRIC AND SUBSTANCE ABUSE HISTORY

IS THERE ANY HISTORY OF VIOLENCE IN THE FAMILY? NO YES

IS THERE ANY HISTORY OF SUICIDE IN THE FAMILY? NO YES

IS THERE ANY HISTORY OF ALCOHOL OR DRUG PROBLEMS IN THE FAMILY? NO YES

IS THERE ANY HISTORY OF PSYCHIATRIC PROBLEMS IN THE FAMILY, E.G. DEPRESSION, ANXIETY, BIPOLAR DISORDER, SCHIZOPHRENIA, ADHD, ETC.? NO YES

IF YES, DESCRIBE:

HAVE THERE BEEN ANY TRAUMATIC EVENTS IN THIS CHILD'S LIFE? NO YES

IF YES, EXPLAIN:

BLENDED, SEPARATED, OR DIVORCED FAMILIES PLEASE COMPLETE THIS SECTION

WHEN DID THE DIVORCE OR SEPARATION OCCUR?

WHO IS THE CUSTODIAL PARENT? IS CUSTODY JOINT? YES NO

WHERE IS THE NON-CUSTODIAL PARENT?

HOW OFTEN DOES THE CHILD SEE HIS OR HER NON-CUSTODIAL PARENT?

MOTHER'S MARITAL HISTORY:

DATES MARRIED SPOUSE'S NAME

- 1.
- 2.
- 3.
- 4.

FATHER'S MARITAL HISTORY:

DATES MARRIED SPOUSE'S NAME

- 1.
- 2.
- 3.
- 4.

IF NOT REMARRIED:

DOES MOTHER HAVE A SIGNIFICANT OTHER? YES NO
NAME: HOW LONG?

DOES FATHER HAVE A SIGNIFICANT OTHER? YES NO
NAME: HOW LONG?

DEVELOPMENTAL AND HEALTH HISTORY

NAME OF PRIMARY CARE PHYSICIAN:

ADDRESS/PHONE:

DATE OF LAST PHYSICAL?

PLANNED PREGNANCY? YES NO ADOPTED? YES NO AGE WHEN ADOPTED:

WERE THERE ANY PROBLEMS DURING THE PREGNANCY, SUCH AS TOXEMIA, DIABETES, HIGH BLOOD PRESSURE, OTHER? NO YES

IF YES, DESCRIBE:

DID MOTHER USE MEDICATIONS, ALCOHOL, OR DRUGS DURING PREGNANCY? NO YES
IF SO, WHICH ONES?

WERE THERE ANY PROBLEMS DURING DELIVERY? NO YES

IF YES, DESCRIBE:

FORCEPS USED? YES NO OXYGEN USED? YES NO

BIRTH WEIGHT: APGAR SCORE IF KNOWN:

WERE THERE ANY PROBLEMS FIRST 3 MONTHS WITH THE FOLLOWING:

BREATHING? NO YES FEEDING? NO YES COLICKY? NO YES

SLEEPING? NO YES

WHO WERE THE PRIMARY CARETAKER(S) DURING THESE PERIODS OF TIME?

1 - 3 MONTHS:

3 - 6 MONTHS:

6 - 12 MONTHS:

12 - 24 MONTHS:

24 - 36 MONTHS:

36 - 48 MONTHS:

DID THIS CHILD ATTAIN DEVELOPMENTAL MILESTONES AT EXPECTED AGES? EXPLAIN IF ABNORMAL:

EATING: NORMAL NO _____

SLEEPING: NORMAL NO _____

TOILET TRAINING NORMAL NO _____

WALKING NORMAL NO _____

TALKING NORMAL NO _____

GROSS MOTOR NORMAL NO _____

FINE MOTOR NORMAL NO _____

(Gross motor: throwing, hopping, running; Fine motor: writing, coloring, tying, use of scissors)

ANY PARTICULAR TALENTS? (E.G. MUSIC, ARTS, ATHLETIC)

RIGHT OR LEFT HANDED? RIGHT LEFT

ANY PHYSICAL OR INTELLECTUAL HANDICAPS? YES NO
IF YES, DESCRIBE:

ANY REGULAR MEDICATIONS? YES NO
LIST ANY MEDICATIONS AND DOSAGES IF KNOWN:

DOES THE CHILD TAKE ANY VITAMINS OR OTHER SUPPLEMENTS? YES NO
IF YES, WHICH ONES?

DOES CHILD HAVE HISTORY OF EAR INFECTIONS? NO YES

HAS THIS CHILD HAS BEEN HOSPITALIZED FOR PHYSICAL OR EMOTIONAL PROBLEMS? NO YES
IF YES, DESCRIBE WHEN AND WHY:

DOES CHILD WEAR GLASSES? NO YES NEARSIGHTED OR FARSIGHTED?

ANY HISTORY OF ALLERGIES, INCLUDING ALLERGIES TO MEDICATIONS: NO YES
IF YES, DESCRIBE:

HAS THE CHILD EVER HAD A SERIOUS MEDICAL PROBLEM? NO YES (explain)
IF YES, EXPLAIN

IS THERE ANY HISTORY OF: LEAD.POISONING FRACTURES SEIZURES?

ANY HISTORY OF HEAD INJURIES, LOSS OF CONSCIOUSNESS, OR BLOWS TO THE HEAD? NO YES
IF YES, DESCRIBE:

ANY PROBLEMS WITH BEDWETTING? NO YES SOILING? NO YES

ANY PROBLEMS WITH MEMORY? NO YES

HOW MUCH EXERCISE DOES THE CHILD GET ON A DAILY BASIS?

DOES THE CHILD EAT A WELL-BALANCED DIET? YES NO
IF NO, DESCRIBE ANY PROBLEMS WITH DIET:

ACADEMIC HISTORY:

CURRENT GRADES: FAILING BELOW AVERAGE AVERAGE ABOVE AVERAGE
EXCELLENT

SCHOOL ATTENDANCE: REGULAR TARDY MISSES CLASSES MISSES DAYS

SCHOOL BEHAVIOR: APPROPRIATE INAPPROPRIATE
DESCRIBE ANY PROBLEMS:

HAS CHILD EVER BEEN SUSPENDED OR EXPELLED FROM SCHOOL? NO YES
IF SO, WHEN?
WHY?

RELATIONSHIP WITH TEACHER(S): EXCELLENT AVERAGE POOR

RELATIONSHIP WITH PEERS: EXCELLENT AVERAGE POOR

PAST 2 YEARS:

GRADES: ABOVE AVERAGE AVERAGE BELOW AVERAGE

ATTENDANCE: GOOD FAIR POOR

BEHAVIOR: GOOD FAIR POOR DISRUPTIVE DEFIANT INVOLVED IN FIGHTS

HAS CHILD EVER HAD EDUCATIONAL OR PSYCHOLOGICAL TESTING? YES NO
IF SO, WHEN? RESULTS? (PLEASE PROVIDE COPIES OF REPORTS IF YOU HAVE THEM)

HAS CHILD EVER HAD SPECIAL PLACEMENTS(eg. IEP, CHILD STUDY, OR 504 PLAN)? NO YES
DESCRIBE:

IS CHILD CURRENTLY RECEIVING ANY SERVICES AT SCHOOL? NO YES
IF YES, WHAT SERVICES?

HAS CHILD EVER REPEATED A GRADE? YES NO IF SO, WHICH?

DOES CHILD PARTICIPATE IN ANY SCHOOL ACTIVITIES? NO YES
WHICH ACTIVITIES?

ARE YOU SATISFIED WITH CHILD'S CURRENT SCHOOL PLACEMENT? YES NO

BEHAVIOR AND TEMPERMENT (also see symptom checklist)

DESCRIBE USUAL BEHAVIORS:

DESCRIBE USUAL MOOD AND TEMPERAMENT:

DOES HE/SHE HAVE A GROUP OF CLOSE FRIENDS? NO YES

HOW DOES HE/SHE RELATE TO AUTHORITY? GOOD FAIR POOR DEFIANT

HAS CHILD EVER VOICED ANY SUICIDAL THOUGHTS? NO YES

HAS CHILD EVER ATTEMPTED SUICIDE? NO YES

ADOLESCENT ISSUES (12-18 YEARS OLD)

HAVE MENSES BEGUN? NO YES WHEN?

DOES HE/SHE DATE? NO YES

DOES HE/SHE HAVE A STEADY GIRLFRIEND/BOYFRIEND? NO YES

IS HE/SHE SEXUALLY ACTIVE? NO YES DON'T KNOW

IF YES, HAS HE/SHE BEEN TESTED FOR STD'S? NO YES

HAS SHE EVER BEEN PREGNANT? NO YES (IF YES, OUTCOME?)

DOES HE/SHE DRIVE? NO YES

DOES HE/SHE HAVE A JOB? NO YES
NUMBER OF HOURS PER WEEK? WHERE?

PLANS POST-HIGH SCHOOL:

DOES HE/SHE USE DRUGS? NO YES DON'T KNOW

DOES HE/SHE USE ALCOHOL? NO YES DON'T KNOW

DOES HE/SHE USE TOBACCO OR SMOKE CIGARETTES? NO YES DON'T KNOW

HAS HE/SHE EVER RUN AWAY FROM HOME? NO YES

HAS HE/SHE EVER HAD LEGAL PROBLEMS? NO YES

IS CHILD ON PROBATION OR HAVE A COURT DATE COMING UP? NO YES

IS THERE ANY OTHER INFORMATION YOU WISH TO PROVIDE?