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CHILD/ADOLESCENT HISTORY QUESTIONNAIRE

Information requested on this questionnaire is an important part of this child's evaluation. I appreciate your filling it out carefully and fully. Please feel free to add as much information as you want and to use the backs of pages if necessary. If there are any questions you do not understand, they can be filled out when the history is reviewed.

The highest standards of professional confidentiality are maintained. Information about any particular individual can be released only with the explicit written consent of that person or their parent(s)/legal guardian except in exceptional circumstances. When consent to release information is granted, you may choose which information may/may not be released, and revoke that consent at any time.

Identifying Information		***Today's Date:***	
Name of person completing form:			
Relationship to patient:			
Child's full name			
Name child prefers to be called:			
Age		Gender	❑ Male ❑ Female
Date of Birth		Handedness	❑ Right ❑ Left ❑ Both (explain)
Height		Weight	
Home address			
Home phone number *Permission to leave message on home phone*		❑ No ❑ Yes	
Cell phone number *Permission to leave message on cell phone*		❑ No ❑ Yes	
Email address *Permission to email confidential information*		❑ No ❑ Yes	
Parents/Legal Guardians			
Who referred you for an evaluation?			
Has this child ever been diagnosed with a learning disability?		❑ No ❑ Yes	
Has this child ever been diagnosed with Attention Deficit Disorder?		❑ No ❑ Yes	

What are you hoping to learn from this evaluation?

FAMILY HISTORY

<table>
<tr><td colspan="2">1. Child is living with:
❑ Both Parents ❑ Mother ❑ Father
❑ Mother and Stepfather ❑ Father and Stepmother ❑ Legal Guardian
❑ Other</td></tr>
<tr><td>2. Is the child adopted?</td><td>❑ No ❑ Yes</td></tr>
<tr><td>3. Child's age at adoption?</td><td></td></tr>
<tr><td>4. Status of parents' marriage?</td><td>❑ Married How long married? __________
❑ Divorced How long divorced? __________
Child's age at divorce? ________
❑ Separated ❑ Widowed
❑ Single</td></tr>
<tr><td colspan="2">5. Biological Father's information:
Name: Age:
City/State of Residence: Occupation:
Highest Education Level:
Any difficulties in learning, attention, mood or behavior? ❑ No ❑ Yes
If yes, please describe:

Any current or recent problems/stressors:</td></tr>
<tr><td colspan="2">6. Biological Mother's information:
Name: Age:
City/State of Residence: Occupation:
Highest Education Level:
Any difficulties in learning, attention, mood or behavior? ❑ No ❑ Yes
If yes, please describe:

Any current or recent problems/stressors:</td></tr>
<tr><td colspan="2">7. Adoptive Father's information:
Name: Age:
City/State of Residence: Occupation:
Highest Education Level:
Any difficulties in learning, attention, mood or behavior? ❑ No ❑ Yes
If yes, please describe:
Any current or recent problems/stressors:</td></tr>
<tr><td colspan="2">8. Adoptive Mother's information:
Name: Age:
City/State of Residence: Occupation:
Highest Education Level:
Any difficulties in learning, attention, mood or behavior? ❑ No ❑ Yes
If yes, please describe:</td></tr>
</table>

Any current or recent problems/stressors:

9. Does the child have brothers or sisters? (include all step - / half – adopted siblings)
Please place a * next to the name of anyone who does not live with this child full-time.

Sibling's Name	Age	Grade	Difficulties in learning, attention, behavior, mood or other disabilities (describe)

BIRTH AND EARLY DEVELOPMENTAL HISTORY

1. Was the child born:	❑ On-time ❑ Prematurely ❑ Late How many weeks? _______
2. Birth Weight:	

3. Were there any problems associated with the mother's pregnancy?

❑ Gestational diabetes
❑ Anemia
❑ Preeclampsia
❑ Sexually transmitted disease
❑ Heart disease
❑ Physical trauma
❑ Placenta previa
❑ Toxemia
❑ Depression
❑ Prenatal Alcohol Exposure
❑ Nicotine/Smoking
❑ Prenatal Drug Exposure
Specify: ________________________
❑ Other

4. Were there any problems associated with the child's birth?

❑ Oxygen deprivation
❑ Unusual birth position
❑ Other:

5. Were there any concerns or complications during/immediately following the child's birth?

❑ Baby's heart rate dropped
❑ Low Apgar scores
❑ Breech
❑ Born "blue"
❑ Significant Jaundice (bilirubin)
❑ Cord wrapped around neck/Nuchal Cord
❑ Treatment in the NICU – details: ____

6. Developmental Milestones:

12 Months

❑ Said 2-4 words, imitate vocalizations
❑ Waved "bye-bye"
❑ Looked for dropped or hidden objects
❑ Fed self
❑ Pulled to stand and took a few steps

18 Months

❑ Walked backward
❑ Used two-word phrases
❑ Followed simple directions
❑ Threw ball
❑ Showed affection, kisses
❑ Pulled a toy along the ground

24 Months

❑ Got up and down stairs one step at a time
❑ Stacked blocks
❑ Followed two-step commands
❑ Kicked ball
❑ Used a least 20 words, two word phrases
❑ Imitated adults

7. **Has your child had any of these conditions?** (Check all that apply):

- ❑ Frequent ear infections
- ❑ Clumsiness
- ❑ Developmental delay
- ❑ Attention problems
- ❑ Seizures
- ❑ Head injury
- ❑ Hearing problems
- ❑ Hyperactivity
- ❑ Learning disability
- ❑ Psychological Problems
- ❑ Speech problems
- ❑ Vision problems
- ❑ Behavioral Problems
- ❑ Other:

MEDICAL HISTORY

1. **Childhood illness:**

Condition	No / Yes	Age(s):	Explain:
Ear infections?	❑ No ❑ Yes		
Frequent colds?	❑ No ❑ Yes		
Allergies?	❑ No ❑ Yes		
Meningitis?	❑ No ❑ Yes		
Encephalitis?	❑ No ❑ Yes		
Pneumonia?	❑ No ❑ Yes		

2. **Has this child incurred a head injury?**
❑ No ❑ Yes—When? ______________

Unconscious? ❑ No ❑ Yes—For how long? _____________
How did it happen?

3. **Has this child ever had seizures?** ❑ No ❑ Yes—Age(s) ___________
Did this child received medication? ❑ No ❑ Yes-- Specify:_____________________________
When was the last seizure? ____
Known cause for the seizure(s)? ____

4. **Has this child ever been evaluated or treated for any stress, anxiety, depression or other types of psychological problems?** ❑ No ❑ Yes-- Specify:

5. **Has this child ever had any other significant injuries or accidents requiring medical treatment?**
❑ No ❑ Yes-- Specify:

6. **Has this child ever been hospitalized?** ❑ No ❑ Yes—Age(s) _______________________
Why and for how long?

CURRENT MEDICAL STATUS

1. **Describe this child's present health:**

   Last physical exam:

2. **Last vision screening:** **hearing screening:**

3. **Is this child currently taking any medication, or been on medication** (other than routine antibiotics) **in the last 5 years?** ❑ No ❑ Yes—please specify below:

Type	Dosage/ Frequency	Duration of Treatment	Reason

4. **How is this child's appetite?**
   Any recent changes (increased or decreased)? ❑ No ❑ Yes-- Describe:

5. **Average amount of sleep at night:**
   Is this adequate to function well? ❑ No ❑ Yes
   Any recent changes (increased or decreased)? ❑ No ❑ Yes—Describe:

   Any problems getting this child to go to bed and/or falling asleep? ❑ No ❑ Yes—Specify:

EDUCATIONAL HISTORY

1. **List schools attended, including any day care centers and preschools:**

School/Agency Name	City / State	Years there	Age / Grade

:

2. **Did this child skip any grades in school?** ❑ No ❑ Yes—Which:

3. **Did this child repeat any grades in school?** ❑ No ❑ Yes—Which:
Why?

4. **Briefly describe the child's performance and any concerns in each grade:**

Kindergarten	
1st Grade	
2nd Grade	
3rd Grade	
4th Grade	
5th Grade	
Middle School	
High School	

:

5. High school GPA _______
Average English grades _______ Average Math grades _______

PRESENT PERSONALITY AND BEHAVIOR

Please check all traits that apply to the child now:

❑ Sad	❑ Overactive	❑ Tantrums	❑ Friendly
❑ Happy	❑ Independent	❑ Lethargic	❑ Quiet
❑ Leader	❑ Dependent	❑ Too Responsible	❑ Fearful
❑ Follower	❑ Sensitive	❑ Trouble Sleeping	❑ Even-tempered
❑ Moody	❑ Affectionate	❑ Hard to discipline	❑ Cooperative
❑ Prefers to be alone			

Describe this child's strengths:

Additional comments:

I have provided complete, true and accurate information to the best of my knowledge. I understand that false or inaccurate information may invalidate my evaluation. I also understand that information on this form, and any information provided as part of this evaluation, can be released only to individuals designated by me and with my written consent, and that my consent can also be revoked by me, in writing, at any time.

Signature Date