

Business Address _____ Business Phone () _____.

Source of Referral: Name _____ Address _____
_____ Phone Number () _____.

Purpose of Consultation (brief summary of the main problem): _____

PREGNANCY

Complications:

Excessive vomiting _____ Hospitalization required _____

Excessive staining or blood loss _____ Threatened miscarriage _____ Toxemia _____

Infection (s) (specify) _____

Operations (specify) _____

Other illnesses (specify) _____

Smoking during pregnancy _____ average number of cigarettes per day _____

Alcoholic consumption during pregnancy _____ Deacribe, if beyond an occasional drink _____

Medications taken during pregnancy _____

X-ray studies during pregnancy _____

Duration of pregnancy (in weeks) _____

DELIVERY

Type of labor: Spontaneous _____ Induced _____

Forceps: high _____ mid _____ low _____

Duration of labor (in hours) _____

Type of delivery: Vertex (normal) _____ breech _____ Caesarean _____

Complications:

Cord around neck _____ cord presented first _____ hemorrhage _____

Infant injured during delivery (describe) _____

Other (specify) _____

Birth Weight_____

Appropriate for gestational age (AGA)_____Small for gestational age (SGA)_____

POST-DELIVERY PERIOD (while in the hospital)

Respiration: immediate_____delayed (if so, how long)_____

Mucus accumulation_____ Apgar score (if known)_____ Jaundice_____

Rh factor_____transfusion_____

Cyanosis (turned blue)_____ Vomiting_____ Diarrhea_____

Incubator care_____Number of days_____

Suck: Strong_____Weak_____

Infection (specify)_____

Birth Defects (specify)_____

Total number of days baby was in the hospital after the delivery_____

INFANCY-TODDLER PERIOD

Were any of the following present – to a significant degree – during the first few years of life? If so describe.

Did not enjoy cuddling_____

Was not calmed by being held and/or stroked_____

Colic_____

Excessive restlessness_____

Diminished sleep because of restlessness and easy arousal_____

Frequent headbanging_____

Constantly into everything_____

Excessive number of accidents compared to other children_____

DEVELOPMENTAL MILESTONES

If you can recall, record the age at which your child reached the following developmental milestones.

	<u>Age</u>	<u>Early</u>	<u>At the normal time</u>	<u>Late</u>
Smiled	_____	_____	_____	_____
Sat without support	_____	_____	_____	_____
Crawled	_____	_____	_____	_____
Stood without support	_____	_____	_____	_____
Walked without assistance	_____	_____	_____	_____
Spoke first words (besides “ma-ma”& “da-da”)	_____	_____	_____	_____
Said phrases	_____	_____	_____	_____
Said sentences	_____	_____	_____	_____
Bowel trained, day	_____	_____	_____	_____
Bowel trained, night	_____	_____	_____	_____

Age

Early

At the normal time

Late

Bladder trained, day _____
 Rode tricycle _____
 Rode bicycle (without training wheels) _____
 Buttoned clothing _____
 Tied shoelaces _____
 Named colors _____
 Named coins _____
 Said alphabet in order _____
 Began to read _____

COORDINATION

Rate your child on the following skills:

Good

Average

Poor

Walking _____
 Running _____
 Throwing _____
 Catching _____
 Shoelace tying _____
 Buttoning _____
 Writing _____
 Athletic abilities _____

COMPREHENSION AND UNDERSTANDING

Do you consider your child to understand directions and situations as well as other children his or her age? ____
 If not, why not? _____

How would you rate your child's overall level of intelligence compared to other children?

Below average _____ Average _____ Above average _____

SCHOOL

Rate your child's school experiences related to **academic learning:**

Good

Average

Poor

Preschool _____
 Kindergarten _____
 Current grade _____

To the best of your knowledge, at what grade level is your child functioning:

Reading _____ Spelling _____ Math _____

Has your child ever had to repeat a grade? If so, when? _____

Present class placement: Regular class _____ Special class (if so, specify) _____

Kinds of special therapy or remedial work your child is currently receiving: _____

Describe briefly any academic school problems: _____

Rate your child's school experience related to **behavior:**

	<u>Good</u>	<u>Average</u>	<u>Poor</u>
Preschool	_____		
Kindergarten	_____		
Current Grade	_____		

Does your child's teacher describe any of the following as significant classroom problems?

Does not sit still in his or her seat _____ Frequently gets up and walks around the classroom _____

Shouts out. Does not wait to be called upon _____ Won't wait his or her turn _____

Does not cooperate well in group activities _____ Typically does better in a one-to-one relationship _____

Does not respect the rights of others _____ Does not pay attention during storytelling or lectures _____

Describe briefly any other classroom behavioral problems: _____

PEER RELATIONSHIPS

Does your child seek friendships with peers? _____

Is your child sought by peers for friendships? _____

Does your child play primarily with children his or her own age? _____ younger _____ older _____

Describe briefly any problems your child may have with peers: _____

HOME BEHAVIOR

All children exhibit, to some degree, the kinds of behavior listed below. Check those that you believe your child exhibits to an excessive or exaggerated degree when compared to other children his or her age.

Hyperactivity (high activity level) _____ Poor attention span _____ Low frustration threshold _____

Impulsivity (poor self control) _____ Temper outbursts _____ Sloppy table manners _____

Interrupts frequently _____ Doesn't listen when being spoken to _____ Heedless to danger _____

Sudden outbursts of physical abuse of other children _____ Excessive number of accidents _____

Acts like he or she is driven by a motor _____ Wears out shoes more frequently than siblings _____

Doesn't learn from experience _____ Poor memory _____ More active than siblings _____

INTERESTS AND ACCOMPLISHMENTS

What are your child's main hobbies and interests? _____

What are your child's areas of greatest accomplishments? _____

What does your child enjoy doing most? _____

What does your child dislike doing most? _____

MEDICAL HISTORY

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information.

Childhood diseases (describe any complications) _____

Operations _____

Hospitalizations for illnesses other than operations _____

Head injuries _____

_____ with unconsciousness _____ without unconsciousness _____

Convulsions _____

_____ with fever _____ without fever _____

Coma _____

Meningitis or encephalitis _____

Immunization reactions _____

Persistent high fevers _____ highest temperature ever recorded _____

Eye problems _____

Ear problems _____

Poisoning _____

Present Medical Status

Present height _____ Present weight _____

Present illness for which child is being treated _____

Medications child is taking on an ongoing basis _____

FAMILY HISTORY – MOTHER

Age _____ Age at time of pregnancy with patient _____

Number of previous pregnancies _____ Number of spontaneous abortions (miscarriages) _____

Number of induced abortions _____ Sterility problems (specify) _____

School: Highest grade completed _____

Learning problems (specify) _____ grade repeat _____

Behavior problems (specify) _____

Medical problems (specify) _____

Have any of your blood relatives (not including patient and siblings) ever had problems similar to those your child has? If so describe _____

How would you describe the mother's personality? _____

FAMILY HISTORY – FATHER

Age _____ Age at the time of the patient's conception _____

Sterility problems (specify) _____

School: Highest grade completed _____

Learning problems (specify) _____ grade repeat _____

Behavior problems (specify) _____

Medical problems (specify) _____

Have any of your blood relatives (not including patient and siblings) ever had problems similar to those your child has? If so, describe _____

How would you describe the father's personality: _____

Most children exhibit, at one time or another, one or more of the symptoms listed below. Place a “**P**” next to those that your child has exhibited in the **Past**, and an “**N**” next to those that your child exhibits **Now**. Only mark those symptoms that have been or are present to a significant degree over a period of time. Only check as problem behavior what you suspect is unusual or atypical when compared to what you consider to be the normal for your child’s age. Then, on pages 10 and 11, list the symptoms checked off on pages 8-10 and write a brief description including age of onset, duration, and any other pertinent information.

Thumb sucking	_____	Preoccupied with food-- what to eat and what not to eat	_____	Frequently likes to wear clothing of the opposite sex	_____
Baby Talk	_____	Preoccupation with bowel movements	_____	Exhibits gestures and and intonations of the opposite sex	_____
Overly dependant for age	_____	Constipation	_____	Frequent headaches	_____
Frequent temper tantrums	_____	Encopresis (soiling)	_____	Frequent stomach cramps	_____
Excessive silliness and clowning	_____	Insomnia (difficulty sleeping)	_____	Frequent nausea and and vomiting	_____
Excessive demands for attention	_____	Enuresis (bed wetting)	_____	Often complains of bodily aches and pains	_____
Cries easily and frequently	_____	Frequent nightmares	_____	Worries over bodily Illness	_____
Generally immature	_____	Night terrors (terrifying nighttime outbursts)	_____	Poor motivation	_____
Eats non-edible substances	_____	Sleepwalking	_____	Apathy	_____
Overeating with overweight	_____	Excessive sexual interest & preoccupation	_____	Takes path of least resistance	_____
Eating binges with overweight	_____	Frequent sex play with other children	_____	Ever trying to avoid responsibility	_____
Under eating with underweight	_____	Excessive masturbation	_____	Suspicious, distrustful	_____
Long periods of dieting and food abstinence with underweight	_____	Little, if any, response To punishment for anti- social behavior	_____	Aloof	_____
Poor follow through	_____	Few, if any, friends	_____	“Wise-guy” or smart aleck attitude	_____
Low curiosity	_____	Doesn’t seek friendships	_____	Braggs or boasts	_____
Open defiance of authority	_____	Rarely sought by peers	_____	Bribes other children	_____
		Not accepted by peer group	_____	Excessively competitive	_____

Blatantly uncooperative _____	Doesn't respect the rights of others _____	Often cheats when playing games _____
Persistent lying _____	Wants things own way with exaggerated reaction if thwarted _____	"Sore loser" _____
Frequent use of profanity to parents, teachers, and other authorities _____	Trouble putting self in other person's position _____	"Doesn't know when to stop" _____
Truancy from school _____	Egocentric (self-centered) _____	Poor common sense in social situations _____
Runs away from home _____	Frequently hits other children _____	Often feels cheated or gyped _____
Selfish _____	Argumentative _____	Feels others are persecuting him when there is no evidence for such _____
Violent outbursts of rage _____	Excessively critical of others _____	Typically wants his or her own way _____
Stealing _____	Excessively taunts children _____	Very stubborn _____
Cruelty to animals, children, and others _____	Ever complaining _____	Obstructionist _____
Destruction of property _____	Is often picked on and easily bullied by other children _____	Negativistic (does just the opposite of what is requested) _____
Criminal and/or dangerous acts _____	Anxiety attacks with palpitations (heart pounding), shortness of breath, sweating, etc. _____	Excessive self-criticism _____
Trouble with the police _____	Disorganized _____	Very poor toleration of criticism _____
Violent assault _____	Tics such as eye-blinking, grimacing, or other spasmodic repetitious movements _____	Feelings easily hurt _____
Fire setting _____	Involuntary grunts, vocalizations (understandable or not) _____	Dissatisfaction with with appearance or body part (s) _____
Little, if any, guilt over behavior that causes others pain & discomfort _____	Stuttering _____	Excessive modesty over body exposure _____
Quietly, or often silently defiant of authority _____	Depression _____	Perfectionistic, rarely satisfied with with performance _____
Feigns or verbalizes compliance or or cooperation but does not comply with requests _____	Frequent crying spells _____	Frequently blames others as a cover-up for own shortcomings _____
Drug abuse _____	Excessive worrying over minor things _____	Little concern for or pride in personal appearance or hygiene _____
Alcohol abuse _____	Suicidal preoccupation, gestures, or attempts _____	
Very tense _____		
Nail biting _____		
Chews on clothes, blankets, etc. _____		

