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CHILDHOOD HISTORY FORM

(Please obtain copies of all school records/report cards/psychological testing and attach them to this form. Feel free to use the back of this form to fully complete your answers.)

(To be filled out by one or both parents.)

Date: _____ How did you find out about us: _____

Name of child: _____ SS#: _____

DOB: _____ Age: _____ M _____ F _____

Address: _____

City: _____ City: _____ State: _____

Home phone: _____ Referred by: _____

School: _____

Grade in school: _____ Special placement (if any): _____

Address: _____

Phone: _____ Teacher: _____

Describe your child's problems in order of difficulty

1. _____
2. _____
3. _____
4. _____
5. _____

How are the above problems impacting your child's life?

1. _____
2. _____
3. _____
4. _____
5. _____

How are the problems impacting the family's life?

1. _____
2. _____
3. _____
4. _____
5. _____

FAMILY INFORMATION

Mother and/or stepmother's name: _____ DOB: _____

Mother and/or Stepmother's name's employer: _____

Address: _____

Phone: _____ Length of employment: _____

Year married (if applicable): _____ # Years together with Spouse/S.O.: _____

Year remarried (if applicable): _____

Mother and/or Stepmother's education

Highest grade completed: _____ Date: _____

Learning problems: _____

Attention problems: _____

Behavior problems: _____

Medical problems: _____

Have any of the mother's blood relatives experienced problems similar to those your child is experiencing? If so, describe: _____

_____

Father and/or stepfather's name: _____ DOB: _____

Father and/or Stepfather's name's employer: _____

Address: _____

Phone: _____ Length of employment: _____

Year married (if applicable): _____ # Years together with Spouse/S.O.: _____

Year remarried (if applicable): _____

Father and/or Stepfather's education

Highest grade completed: _____ Date: _____

Learning problems: _____

Attention problems: _____

Behavior problems: _____

Medical problems: _____

Have any of the father's blood relatives experienced problems similar to those your child is experiencing? If so, describe: _____

_____

HOUSEHOLD MEMBERS (include living and deceased immediate family/household members):

Name: _____ DOB _____ Age _____
Name: _____ DOB _____ Age _____
Name: _____ DOB _____ Age _____
Name: _____ DOB _____ Age _____
Name: _____ DOB _____ Age _____
Name: _____ DOB _____ Age _____
Name: _____ DOB _____ Age _____
Name: _____ DOB _____ Age _____
Name: _____ DOB _____ Age _____

Stepfamily address (if different): _____

Child is presently living with:

____ Natural mother	____ Natural father	____ Stepmother
____ Adoptive mother	____ Adoptive father	____ Stepfather
____ Foster mother	____ Foster father	____ Other (specify)

How many times have you moved since the child's birth? _____

If more than once, why? _____

What is your family's religion? _____

Does the family attend church regularly? _____

If the biological parents have divorced/separated/or otherwise split up – describe the emotional environment of the household the child resided in and how the child reacted emotionally and behaviorally to the situation AT THAT TIME: _____

_____

_____

_____

_____

If the biological parents have divorced/separated/or otherwise split up – describe the emotional environment of the non-custodial parent's household when the child is visiting and how the child reacts emotionally and behaviorally while at the non-custodial parent's home: _____

_____

_____

_____

_____

PREGNANCY & DELIVERY

Mother's age at time of pregnancy with child: _____

Was there anything you or your doctor considered unusual during pregnancy? _____

_____

Smoking before/during pregnancy? ☐ Yes ☐ No # of cigarettes per day: _____

Alcoholic consumption before/during pregnancy: _____

Describe if beyond an occasional drink: _____

Medications taken during pregnancy: _____

Type of delivery: ☐ Normal ☐ Breech ☐ C-section
Birth weight: _____ APGAR scores (if known): _____

Complications:

Cord around neck: _____ Hemorrhage: _____

Other: _____

Jaundice: _____ Cyanosis (turned blue): _____

Infection (specify): _____

Number of days infant was in the hospital after delivery: _____

DEVELOPMENTAL MILESTONES

What is your child's hand preference? ☐ Right ☐ Left

	Age	Early	Normal	Late

Crawled: _____
Walked without assistance: _____
Spoke first words: _____
Said sentences: _____
Bladder trained, day: _____
Bowel trained, day: _____
Buttoned clothing: _____
Tied shoelaces: _____
Began to read: _____

Was there anything, in the first three years, that you thought might affect future growth, development or school success? _____

_____

CHILD CARE HISTORY

Mother employed outside the home when child was younger? _____
Hours per week? _____ Work day hours? _____

How much time per day did mother spend with child when he or she was younger? _____

Father employed outside the home? _____
Hours per week? _____ Work day hours? _____

How much time per day did father spend with child when he or she was younger? _____

Who took/takes care of your child while parents are working? _____

DEVELOPMENTAL COORDINATION

Rate your child on the following skills when they were younger compared to other children his/her age:

GOOD AVERAGE POOR

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

Does your child appear to have an excessive number of accidents compared to other children his/her age? _____

Please check any of the following that concern you about your child:

_____ Disobedience
_____ Temper tantrums
_____ Moodiness
_____ Arguing
_____ Nightmares
_____ Difficulty sleeping
_____ Lying
_____ Stealing
_____ Drug use
_____ Alcohol use
_____ Tobacco use
_____ Sexual behavior
_____ Other: _____

_____ Lack of friends
_____ Unacceptable friends
_____ Clumsiness
_____ Disorganization
_____ Memory problems
_____ Low self-esteem
_____ Frequent crying
_____ Gives up easily
_____ Verbal fighting
_____ Hitting
_____ Whining
_____ Head or stomach aches

COMPREHENSION AND UNDERSTANDING

Do you consider your child to understand directions and situations compared to other children his/her age? If not, why not? _____

_____

How would you rate your child's overall level of intelligence compared to other children his/her age? ☐ Below average ☐ Above average ☐ Average

MEDICAL HISTORY

Child's Physician: _____ Tel. Number: _____

Address: _____

Medications currently prescribed for your child: _____

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 (type, age, and any subsequent complications): _____

_____

Operations: _____

Hospitalization for:

Illness: _____
Head injuries: _____ Loss of consciousness: _____
Convlusions: _____ with fever: _____ without: _____
Seizures: _____
Coma: _____
Persistent high fevers: _____
Eye problems: _____
Ear problems: _____
Allergies or asthma: _____
Poisoning: _____
Sleep problems: _____
Appetite: _____

Has your child ever been treated for a psychological/behavioral problem? _____

By whom? _____

When? _____ What for? _____

Where? In hospital: _____
Outpatient: _____

Kind of treatment: _____ Individual _____ Family _____ Medication

With whom? _____

FAMILY HISTORY
(Family is defined as: brothers, sisters, parents, grandparents, aunts, uncles, and cousins)

Do you have any family members with the following problems (problems can be subclinical)?

Condition	Relation (ex. Maternal Grand Mother, Paternal Uncle)
Learning problems	_____
Attention problems/Hyperactivity	_____
Impulse control problems	_____
Alcoholism/drug addiction	_____
Epilepsy	_____

Mental retardation _____
Trouble with the law _____
Depression _____
Anxious or overly perfectionistic _____
Problems with speech or hearing _____
Schizophrenia or Bipolar Disorder _____
Psychiatric hospitalization _____
Behavioral or emotional problems _____

SCHOOL HISTORY
(Please list all the schools your child has attended)

SCHOOL CITY/STATE GRADE

_____

_____

_____

_____

Has your child had any difficulty in school? Please describe specifically: _____

_____

Has any special testing been completed? _____
When? _____ Results (*attach copy of report*)? _____

Has your child been seen by a school counselor? _____
What for? _____

As a rule, does/did your child complete and hand in homework? _____

How much time does your child spend doing homework each day? _____

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

GOOD AVERAGE POOR

Nursery school: _____
Kindergarten: _____
Grade school: _____
Middle school: _____
Current: _____

To the best of your knowledge, at what grade level is your child functioning:
Reading: _____ Spelling: _____ Arithmetic: _____ Science: _____

Has your child ever had to repeat a grade? ☐ Yes ☐ No If so, when? _____

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

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

_____

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

GOOD AVERAGE POOR

Nursery school: _____
Kindergarten: _____
Grade school: _____
Middle school: _____
Current: _____

Does/did your child's teacher complain about any of the following as significant classroom problems (mark X)?

Doesn't sit still in his or her seat	_____
Frequently gets up and walks around the classroom	_____
Shouts out/Doesn't wait to be called on	_____
Won't wait his or her turn	_____
Doesn't cooperate well in group activities	_____
Typically does better in a one-to-one relationship	_____
Doesn't respect the rights of others	_____
Doesn't pay attention during storytelling or show and tell	_____

Describe briefly any other classroom behavior problems: _____

_____

_____

BEHAVIORAL HISTORY

Has the child ever: (please check all that apply)

_____ Been physically abused

_____ Been emotionally abused

_____ Been sexually abused
By whom: _____ For how long/how many times? _____
Treated for above abuse? _____

_____ Arrested or adjudicated?
For what? _____
Result? _____

_____ Stolen
What? _____
From whom? _____

_____ Run away from home
When? _____ For how long? _____

_____ Set a fire When? _____

_____ Has a quick temper

_____ Assaulted someone
Who? _____ What happened? _____

_____ Destroyed property
When? _____ How? _____

_____ Hurt self
When? _____ How? _____

_____ Threatened to hurt self
When? _____ How? _____

_____ Threatened to hurt someone else
When? _____ Who? _____ How? _____

_____ Used a weapon
When? _____ What? _____

_____ Used alcohol
When? _____ What? _____

_____ Used drugs

When? _____ What? _____

_____ Used tobacco
When? _____ What? _____

_____ Been sexually active At what age? _____

_____ Been a gang member

_____ Been cruel to animals

HOME BEHAVIOR
All children exhibit, to some degree, the behaviors listed below. Check those that you believe your child exhibits to an excessive or exaggerated degree when compared to other children his/her age:

_____ Fidgets with hands, feet or squirms in seat
_____ Has difficulty remaining seated when required to do so
_____ Easily distracted by extraneous stimulation
_____ Has difficulty waiting his or her turn in games or in group situations
_____ Interrupts or intrudes on others (impulsively: _____ OR on purpose: _____)
_____ Has problems following through with instructions (not due to opposition/defiance)
_____ Does not appear to listen to what is being said
_____ Fails to comprehend verbal or written instructions
_____ Shifts from one uncompleted activity to another
_____ Has difficulty playing quietly
_____ Often talks excessively
_____ Loses things necessary for tasks or activities
_____ Boundless energy
_____ Poor judgment
_____ Impulsivity (poor self control)
_____ Frustrates easily
_____ Temper outbursts
_____ Sloppy table manners
_____ Acts like he or she is driven by motor
_____ Wears out shoes more frequently than siblings
_____ Excessive number or accidents
_____ Doesn't seem to learn from experience
_____ Poor memory
_____ A "different child"

Does your child create more problems, either on purpose or impulsivity, within the home setting than his or her siblings? _____ Explain: _____

_____

Types of discipline you use(d) with your child: _____

_____

Is there a particular form of discipline that has proven effective? _____

_____

Have you ever taken a parenting class? _____
If so, when? _____ What have implemented into your parenting approach? _____

_____

What are your child's greatest strengths? _____

_____

_____

How would you describe the climate in your family home? _____

_____

_____

What transitions is your family dealing with at this time? _____

_____

_____

What are the strengths of your family? _____

_____

_____