

CHILD HISTORY FORM

Date _____

Child's name _____
Last First

Child's birth date _____ Gender _____

Home address(es)

Parent(s) names(s):

Home phone (s): _____

Parents mobile
phone(s) _____

Parent(s) work phone(s):

E mail address(es):

Are parents (Circle): Separated Divorced

If divorced, how is legal custody of the child distributed and what are the living arrangements?

Is the child adopted or a foster child?

Parent(s) occupations:

Siblings and ages (and any other relatives/friends etc. living in the home)

Who suggested your child be seen? _____

Who referred you? _____

Briefly state reason(s) for seeking services at this time:

Has this child had any previous educational or psychological evaluations or testing?

Yes No

If yes, where and when?

If so, please include a copy of any previous evaluations

PREVIOUS TREATMENT

Has your child ever received any type of mental health treatment? _____

If yes, please specify type of treatment

Dates	By Whom	For What Problem?	Medications

Has your child ever been diagnosed by a professional as having Attention Deficit Disorder? Yes _____ No _____

If yes, at what age was the diagnosis made? _____

Who made the diagnosis? _____

Was/is the child medicated for Attention Deficit Disorder? Yes _____ No _____

Does your child presently take any other medications on a regular basis? _____

If so, please list each medication and the daily dose:

Medication	Dose	Times per day admin.

List all schools your child has attended from preschool to the present.

SCHOOL NAME-----	DISTRICT-----	GRADE (S)-----	DATES/YEARS---
			-

Please describe how the child functioned in school both socially and academically?

The following two charts pertain to pregnancy problems. If you mark "yes" for any item, please explain below:

Any significant complications?			
Had to take any medications?			
Alcohol use?			
Drug use?			
Smoked cigarettes?			
Cesarean section?			

Describe any complications as noted above or other:

What was the duration of the pregnancy? _____

Names of any medications taken during pregnancy:

Type and frequency of drug or alcohol use during pregnancy:

DELIVERY AND NEWBORN PROBLEMS	YES	NO	UNSURE
Significant Complications?			
In hospital for more than four days?			
Needed oxygen?			
Had seizures?			
Infections/fever			

Other			
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Duration of labor? _____

Infant's weight at birth? _____

Describe any significant complications or defects _____

CHILD'S DEVELOPMENT	YES	NO	UNSURE
Was any part of your child's development slow?			
Was any part of large muscle development (gross motor skills) slow? (e.g., sitting, walking, skipping, riding bicycle, etc)			
Was any part of child's language development slow? (e.g., first words, 3 word phrases, pronunciation)			
Was any part of self-care slow, such as dressing, toileting)?			

Describe any specific developmental delays, including toilet training, dressing self-etc.

List ages for the following for your child: (Please indicate whether age is in months or years. Use NR if you do Not Remember)

Rolled over _____ Sat upright _____

Walked without holding on _____ Said 3 single words _____

Made 3 word sentences _____ R/L handed _____

At what age did you notice hand preference? _____

Please describe your child's social skills with both other children and adults
 (Number of friends, type of relationships, ability to understand non-verbal social
 cues, such as facial expressions and body language of others)

The following two charts are about problems that may occur in young children. Please indicate as appropriate:

HEALTH PROBLEMS	YES	NO	Ages
Chronic health problems			
Accidents or injuries			
Hospitalization			
Pneumonia, bronchitis or asthma			
Urine/kidney/bladder problems			
Medicines used over a long period of time			
Coma or unconsciousness			
Seizures			
Head injuries			
Ear problems			
Eye problems			
Anemia			
Lead poisoning			
Tendency to make uncontrollable twitches or jerk arm(s) or head			
Tendency to make odd, uncontrollable sounds			

Please specify the details of items answered 'Yes'

TEMPERMENT PROBLEMS	YES	NO	AGE(S)
Colic			
Feeding or eating problems			
Sleeping problem			
High activity level			
Bedwetting beyond five years old			
Soiling beyond five years old			

Tantrums			
Shy or bashful			
Unwilling to change daily routine			

Please give details of questions answered 'Yes'

The following chart includes problems that may run in families. Please indicate which family member(s) may have experienced any of the difficulties below:

FAMILY HISTORY	RELATION TO CHILD
Attention Deficit Disorder	
Hyperactive	
Troubles with learning	
Held back or repeated a grade	
Dropped out of school	
Required special help in school	
Speech problems	
Troubles with behavior	
Depression	
Anxiety	
Bipolar Disorder	
Schizophrenia	
Autism/Asperger's	
Alcoholism or drug abuse	
Tics or Tourette's syndrome	

Details of any of the above:

Please rate your child on the following neurodevelopmental skills relative to other children of his or her age by placing an X in the appropriate box:

SPECIFIC SKILLS	BETTER	AVERAGE	WORSE
Catch and throw a ball			

Running			
Building things (models, Lego's)			
Drawing/Art			
Writing			
Understanding spoken directions			
Speaking clearly			
Describing things			
Ability to remember things			

In the following chart, please check YES to those areas in which your child has had difficulty, and list the school grade(s) when the problems occurred.

SCHOOL HISTORY	YES	GRADE(S)
Speech or language problems		
Diagnosed with a learning disability		
In Special Day Class		
In Resource Class		
Reading problems		
Writing problems		
Spelling problems		
Math problems		
Other problems: please specify		

To some degree, all children exhibit some of the behaviors listed below. In the following chart, check those behaviors that you believe your child has exhibited to an excessive or exaggerated degree relative to other children his or her own age. For each problem behavior, please note the ages it has been a problem.

SCHOOL HISTORY	YES	AGES
Hyperactivity		
Poor attention span		
Impulsive behavior		
Temper outbursts		
Easily frustrated		
Interrupts frequently		
Doesn't listen		
Aggressive toward other children		
Heedless to danger		
Excessive number of accidents		
Doesn't learn from experience		
Poor memory		
More active than siblings		
Excessive fearfulness		
Fire-setting		

Vandalism		
Stealing		
Trouble staying focused, easily distracted		
Doesn't seem to listen when spoken to directly		
Forgetful in daily activities		
Trouble finishing things		
Difficulty with organization		
Easily bored		

In the following charts, please circle the appropriate number (0 = "not at all", 1 = "occasionally", 2 = "often" and 3 = "very frequently") to rate your child's behavior when compared with other children of his or her own age.

Loses things (toys, homework, tools, etc.)	0----1----2----3
Often fails to closely attend to details or makes careless mistakes in school work, work, or activities	0----1----2----3
Has problems keeping his or her attention in tasks or playing	0----1----2----3
Often does not listen when spoken to directly	0----1----2----3
Doesn't follow through on instructions; fails to finish schoolwork, chores, or other duties	0----1----2----3
Has problems organizing tasks and activities	0----1----2----3
Avoids, dislikes, or refuses to participate in tasks that will take a lot of time and effort (school/homework)	0----1----2----3
Often loses things necessary for tasks or activities (toys, school assignments, materials)	0----1----2----3
Easily bothered by things going on around him or her	0----1----2----3
Forgetful in daily activities	0----1----2----3
Fidgets with hands or feet; squirms in seat	0----1----2----3
Leaves seat in classroom or other situations where remaining seated is expected	0----1----2----3
Runs about or climbs in situations where it is not OK; feels restless	0----1----2----3
Has problems playing or participating in play or relaxation activities quietly	0----1----2----3
Often "on the go"; acts as if "driven by a motor"	0----1----2----3
Often talks too much	0----1----2----3
Blurts out answers before questions are completed	0----1----2----3
Has problems waiting his or her turn	0----1----2----3
Often interrupts or intrudes on others (butts in)	0----1----2----3

At what age did these problems begin? _____ When did they end? _____

In the following charts, please circle the appropriate number (0 = "not at all", 1 = "occasionally", 2 = "often" and 3 = "very frequently") to rate your child's behavior when compared with other children of his or her own age.

Often loses temper	0----1----2----3
Often argues with adults	0----1----2----3
Often refuses to follow rules or do what adults request	0----1----2----3

Tries to bother people or make them angry or upset	0----1----2----3
Blames others for his/her mistakes or bad behavior	0----1----2----3
Often is touchy or easily upset by others	0----1----2----3
Often is angry and resentful	0----1----2----3
Often holds a grudge or tries to get back at someone	0----1----2----3

At what age did this group of problems begin? _____ End? _____

Does your child appear to experience any of the following problems? Please check or circle any that apply and elaborate as needed:

- Frequent headaches _____
- Frequent stomach aches _____
- Dizziness _____
- Problems thinking _____
- Memory problems _____
- Confusion _____
- Difficulty falling asleep _____
- Difficulty staying asleep _____
- Sleeping too much _____
- Loss of appetite _____
- Weight loss _____
- Weight gain _____
- Feeling depressed _____
- Crying often _____
- Thoughts or talk of suicide _____
- Unable to have a good time _____
- Decreased need for sleep _____
- Mood swings _____
- Irritability _____
- Grandiose thoughts or plans _____
- Anxiety _____
- Panic attacks _____
- Always worried _____
- Nightmares _____
- Hears voices others don't hear _____
- Seems paranoid _____
- Constant suspicion/distrust _____
- Unusual thoughts _____
- Violent/Aggressive behavior _____
- Feeling apart from others _____
- Feeling worthless _____

Is there any known history of emotional, physical or sexual abuse? If so, please specify:

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Is there anything else you would like me to know about your child?