Child History Form
(To be Filled Out by Parents)

Child's Name:_____ Today's Date:_____

Address:_____
(street address,)

_____Telephone:_____
(city, state, and zip)

Sex:____ Date of Birth:_____ Age:____ Place of Birth:_____

Person Completing Form:_____ Relationship to Child:_____

Mother's Name:_____ Father's Name:_____

Stepparents' Names (if applicable): SMo:_____ SFa:_____

Is the child adopted? Yes ____ No ____ If yes, at what age and explain the circumstances:_____

_____

Current Psychiatrist:_____ Current Therapist:_____

Please list current psychiatric medications and dosages:_____

_____

1. Please identify problem(s):_____

_____

_____

_____

2. When did the problem(s) begin?_____

_____

_____

3. List anything you did to improve the problem(s):_____

_____

_____

4. What questions would you like the evaluation to address?_____

_____

_____

_____

_____

Please list the names of all family members with whom the child has lived:

Name	Age	Relation to the Child

Are the biological parents: Divorced?_____ Separated?_____ Widowed?_____ Remarried?_____
If so, list the child's age(s) when these events occurred:_____

_____

_____

If parents are divorced, what are the legal custody arrangements? _____

_____

Does the child visit the non-custodial parent? Yes___ No ___ If so, how often? _____

_____

Who cared for the child during the first two years? Describe changes in caretakers:_____

_____

_____

Was English the child's first language? If not, what was the first language and when did the child learn to speak English? _____

_____

Does the child have a close relationship with an adult not presently living at home? (e.g.: grandparent, relative, family friend) If so, with whom? _____

_____

How often did the family/child change residences and child's reactions to these moves? _____

_____

Mother's education level:_____ Occupation:_____
Is mother employed outside the home? ____ Where? _____ Hrs/wk:____
Father's education level:_____ Occupation:_____
Is father employed outside the home? _____ Where? _____ Hrs/wk:____
Primary stepparent's education level and occupation:_____
Is stepparent employed outside the home? _____ Where? _____ Hrs/wk:____
Does child have a close relationship with another adult (e.g., grandparent, relative, family friend)? If so, with whom?_____

_____

How many friends does your child have? ____None ____1-2 ____Few ____Several ____Many
How would you describe your child's peer relations? _____

_____

_____

What activities does your child enjoy? _____

_____

_____

Describe your child's strengths:_____

_____

_____

Has your child ever had a psychological or psychiatric evaluation? Yes ____ No ____ If so, when and by whom? _____
Has your child attended occupational therapy, physical therapy, or speech therapy?_____

_____

SCHOOLING

Daycare? ____ Yes ____ No If so, at what ages? ______________________________

Preschool? ____ Yes ____ No If so, at what ages? ______________________________

Special Education? Yes ___ No ___ If Yes, what type? ______________________________

Current School:______________________________ Grade:_______

Current School Teacher's Name:______________________________

Current School Counselor's Name:______________________________

Please list schools attended:

Academic Year	**School Name and City/State**	**Grades Earned**
Kindergarten	______________________________	__________
1st grade	______________________________	__________
2nd grade	______________________________	__________
3rd grade	______________________________	__________
4th grade	______________________________	__________
5th grade	______________________________	__________
6th grade	______________________________	__________
7th grade	______________________________	__________
8th grade	______________________________	__________
9th grade	______________________________	__________
10th grade	______________________________	__________
11th grade	______________________________	__________
12th grade	______________________________	__________

Did your child skip or repeat any grades? ______________________________

Best school subjects:______________________________

Worst school subjects and any particular problem areas:______________________________

____

Did the child's school performance ever change significantly? If so, please explain:__________________

____

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PRENATAL HISTORY

Were there any significant problems in the pregnancy? ____Yes ____No If yes, please specify:_______

____

____

Any use of alcohol:______________________________

Amount:______________________________ How often? ______________________________

Any use of medications or drugs (including tobacco):______________________________

Amount:______________________________ How often? ______________________________

Length of: pregnancy ______________________; labor and delivery ______________________________

Were there any complications in labor/delivery? ____Yes ____No If yes, please specify:___________

____

NEONATAL HISTORY

Birth weight:__________________________ Were there any significant problems for the child at birth or in the newborn phase? ____Yes ____No If yes, please specify:_________________________________

____

____

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INFANCY (0 to 12 months)

Check if applicable, any significant problems, delays, and/or difficulties your child had in the 1st year:

____ feeding
____ sleeping
____ breathing
____ colic
____ bowel and or urinary habits
____ inability to be consoled
____ delay in crawling
____ allergies/ear infections
____ intolerance of affection
____ sitting unassisted
____ emotional responsiveness
____ social responsiveness

Please specify any other significant problems:____

____

____

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EARLY CHILDHOOD (1 to 3 years)

Check if applicable, any significant problems, delays, and/or difficulties your child had between the ages of 1 to 3 years:

____ delay in walking unassisted
____ delay in first words
____ entertaining self
____ stranger anxiety
____ feeding self
____ delay in using sentences
____ delay in toilet training
____ over-activity
____ allergies/ear infections
____ severe temper tantrums
____ self-destructive behavior

Please specify any other significant problems:____

____

____

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CHILDHOOD (3 to 11 years)

Check if applicable, any significant problems, delays, and/or difficulties your child displayed between the ages of 3 to 11 years:

____ impulsive
____ very shy
____ over-activity
____ uncoordinated
____ reading skills
____ academic failure
____ destroying property
____ aggressive
____ nervous/fearful
____ short attention span
____ bowel/urinary habits
____ writing skills
____ cooperating in group activities
____ prolonged sadness or irritability
____ self-destructive habits
____ completing tasks, chores
____ severe temper tantrums
____ obeying adults
____ math skills

Please specify any other significant problems:____

____

____

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ADOLESCENCE (12 to 18 years)

Check if applicable, any significant problems, delays, and/or difficulties your teenager displayed following childhood in these areas:

____ prolonged sadness or irritability
____academic failure
____ aggressiveness
____ temper outbursts
____ fighting
____ impulsiveness
____ truancy
____ drug or alcohol use
____ delinquency
____ gang membership
____ sexually active
____ pregnancy
____ social isolation
____ running away
____ eating/appetite

Please specify any other significant problems:____

____

____