

# Kids

Helping children develop

## HISTORY FORM

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthplace \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ School Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Age \_\_\_\_\_ Education \_\_\_\_\_

Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Age \_\_\_\_\_ Education \_\_\_\_\_

Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Other children in the home:

Name & Age \_\_\_\_\_ Name & Age \_\_\_\_\_

Name & Age \_\_\_\_\_ Name & Age \_\_\_\_\_

Other people living in the home: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The main reason for bringing my child \_\_\_\_\_

\_\_\_\_\_

The problem has been going on for how long? (weeks, months, one year, two years or longer?)

\_\_\_\_\_

My child has the following problems at home (i.e. aggressive behavior, sad mood, anxiety, risk taking behavior, bedwetting). Please list and describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child has the following problems at school (i.e. learning, behavior, peer problems). Please list and describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child has the following problems in other situations: \_\_\_\_\_

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My child has had the following problems (behavior, learning, emotional) in the past: \_\_\_\_\_

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What treatment has been received for these problems: \_\_\_\_\_

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Current or past stressors that may be contributing to my child's problems are the following (i.e. marital conflict or divorce, abuse, death in the family): \_\_\_\_\_

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**FAMILY HISTORY**

Is there anyone in the extended or immediate family who has similar symptoms or problems as the child?

Explain: \_\_\_\_\_

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Name and describe those family members (immediate and extended) who have a history of behavior, learning, drugs/alcohol and/or psychiatric problems (depression, highs and lows, hyperactivity, major mental illness):

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**PREGNANCY HISTORY - Mother**

While pregnant with this child were you under a doctor's care? \_\_\_\_\_Yes \_\_\_\_\_No

During this pregnancy did you take or use alcohol, any prescription or non-prescription medication and/or illicit drug? List and explain: \_\_\_\_\_

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During the pregnancy were there any complications (i.e. bleeding, emotional stress, high blood pressure, fetal distress)? \_\_\_\_\_

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### **BIRTH HISTORY**

During labor and delivery were there any complications that you were aware of? \_\_\_\_\_

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Birth Weight \_\_\_\_\_ Apgar Score: (Scale from 1—10) \_\_\_\_\_

### **DEVELOPMENTAL HISTORY**

Adopted? \_\_\_\_\_ Age held head up \_\_\_\_\_ Age turned over \_\_\_\_\_ Age smiled at parents \_\_\_\_\_

Age crawled \_\_\_\_\_ Age able to sit \_\_\_\_\_ Age pulled up in crib \_\_\_\_\_ Age walked alone \_\_\_\_\_

Any feeding or eating problems? Explain: \_\_\_\_\_

Bottle-fed \_\_\_\_\_ Breast-fed \_\_\_\_\_ Age weaned \_\_\_\_\_

Any speech or language problems? Explain: \_\_\_\_\_

Age used 4-10 words? \_\_\_\_\_ Age used sentences? \_\_\_\_\_

Age said "NO" to everything \_\_\_\_\_ Timid or shy? \_\_\_\_\_ Affectionate baby? \_\_\_\_\_

Friendly baby? \_\_\_\_\_ Liked attention? \_\_\_\_\_ Wanted to be left alone? \_\_\_\_\_

More interested in things than people? \_\_\_\_\_ Stubborn? \_\_\_\_\_ Irritable? \_\_\_\_\_

Any problems with toilet training? Explain: \_\_\_\_\_

Dry at what age? \_\_\_\_\_ Bowel trained at what age? \_\_\_\_\_

Describe activity level as an infant; a toddler; older child: \_\_\_\_\_

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Age helped with dressing? \_\_\_\_\_ Age dressed alone? \_\_\_\_\_ Fed self at what age? \_\_\_\_\_  
 Right or left handed? \_\_\_\_\_ Age at which this issue was settled? \_\_\_\_\_ Good with hands? \_\_\_\_\_  
 Well coordinated? \_\_\_\_\_ Good gross motor skills? \_\_\_\_\_ Good fine motor skills? \_\_\_\_\_ Clumsy? \_\_\_\_\_

List and describe any sleep problems (difficulty falling asleep; staying or returning asleep) at the present time or in the past? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is there a history of the following? \_\_\_\_\_ Blank spells? \_\_\_\_\_ Falling spells \_\_\_\_\_ Fainting spells \_\_\_\_\_  
 Daredevil behavior? \_\_\_\_\_ Impulsive behavior? \_\_\_\_\_ Unusual fears? \_\_\_\_\_ Rocking behavior? \_\_\_\_\_  
 Head bumping? \_\_\_\_\_ Temper tantrums? \_\_\_\_\_ What age? \_\_\_\_\_

**MEDICAL HISTORY**

List and explain your child's past medical or neurological problems. Include head injuries, seizures, heart problems, disabilities, asthma etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of treating Physicians: \_\_\_\_\_  
 \_\_\_\_\_

Is there any history of abuse (emotional, physical, sexual)? Explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PAST PSYCHIATRIC HISTORY**

List and describe all past psychiatric and counseling situations both inpatient and outpatient:

THERAPIST/PSYCHIATRIST	TREATMENT	RESPONSE