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Child/Adolescent Intake & Developmental History

Date:	Form Completed by:
PATIENT / FAMILY INFORMATION	
Child/Adolescent Name:	
Address:	
Date of birth:	School: Grade:
Pediatrician:	Referred by:
Parent/Guardian's Name:	Parent/Guardian's Name:
Relationship:	Relationship:
Occupation:	Occupation:
Home Address: (if different from above)	Home Address: (if different from above)
Phone (home):	
Phone (work):	
Phone (cell):	
Email:	Email:
Parents Marital Status:	If not married, date of divorce:
Legal custody of children:	

Are there other relatives or adults that are impgrandparent, nanny)? Please list.	oortant caretakers for your chi	ld (i.e. sto	epparent, significant other,
Name	Relationship	<u> </u>	Phone
		_	
Child's brothers or sisters below (please inclu	ıde stepsiblings): Relationship	_	Δσο
			Age
		_	
If your child is adopted, indicate age at time	of adoption and country of b	_ irth: _	
DEVELOPMENT			
Pregnancy and Delivery Problems during pregnancy or delivery?			
INFANCY Any illness during newborn period?			
Were there: \Box Feeding problems \Box I	Excessive vomiting \Box Cryi	ng 🗆	Colic 🗆 Diarrhea
Other complications during the first year	r?		
DEVELOPMENTAL MILESTONES Approx	imate age at which:		
Child walked alone:	Spoke in simple sen	tences: _	
Toilet Trained: Bladder	Bowel		
Does Child have Bladder Control?	Bowel Control:		
Accidents during the day \square Yes \square No	o? If so, how often?		

MEDICAL HISTORY

\square allergies	\square chronic ear infections	\Box frequent colds	
\square head injuries	\square Convulsions/seizures	\square eye problems	
Operations/hospitalizations			
If child is on medications, indicate re	eason, type and dosage		
ABITS (If child exhibits any of the fol	lowing, please check and describe bri	efly.)	
☐ Temper tantrums	\square More active that	an siblings	
\square Low frustration tolerance	☐ Interrupts freq	uently	
\square Problems when parents leave	☐ Excessive num	ber of accidents	
☐ Fears	☐ Poor handwrit	ing	
☐ Clumsiness	☐ Poor memory		
☐ Poor self-esteem	☐ Short attention	span	
☐ Sleep problems, nightmares	☐ Stealing, lying		
☐ Destructiveness	\Box Fighting		
\square Frequent mood changes	☐ Irritability		
☐ Slurred speech	☐ Facial or other	tics	
☐ Alcohol/substance abuse	☐ Interrupts freq	uently	
D 11 1 1 1 1 1			
Describe any checked above:			

HOOL HISTORY Rate your child's school exp	erience related to A	CADEMIC LEARNING	(select one response):
Nursery School	□ Good	☐ Average	□ Poor
Elementary School	□ Good	□ Average	□ Poor
Middle School	□ Good	☐ Average	□ Poor
Current Grade	☐ Good	☐ Average	□ Poor
To the best of your knowled	ge, at what grade le	vel is your child function	ning?
Reading	<u> </u>	Spelling	Math
Has your child ever had to re	epeat a grade? 🗆	Yes \square No If so, when	?
Present class placement: □	Regular class	Special class or resou	rces (please specify):
Rate your child's school expe	erience related to BI	EHAVIOR (select one re	sponse):
Nursery School	☐ Good	☐ Average	□ Poor
Elementary School	☐ Good	☐ Average	□ Poor
Middle School	☐ Good	☐ Average	□ Poor
Current Grade	\square Good	☐ Average	□ Poor
Does your child's teacher de ☐ Doesn't sit still in his/her	-	lowing or significant cla	assroom problems?
☐ Frequently gets up and w	alks around the cla	ssroom	
☐ Shouts out; doesn't wait	to be called upon		
☐ Does not cooperate in gro	oup activities		
☐ Typically does better in a	one-to-one relation	ship	
Describe briefly any other cla	assroom behavioral	problems:	

FAMILY How does your child get along with each parent? Is this child closer to one parent than the other? Has this child ever experienced any parental separations, divorces, or death? □ Yes □ No If yes, when? Please describe the circumstances. How old was child at the time? How often does the child see each parent and what is the schedule? **FAMILY HISTORY** Describe any psychiatric problems, drug abuse, or alcoholism in immediate family and extended family: Has either parent or any of the blood relatives had a problem similar to the child's? \Box Yes \Box No If so, please describe: **FRIENDS** Does your child seek friendships with peers?

Is your child sought by others for friendship?

Youn	
Tour	ger children? \square Yes \square No Older children? \square Yes \square No
	ole does your child usually take in peer group games or activities (for example, bossy, leader ive, passive, etc.)?
TERES 7	S AND ACCOMPLISHMENTS
What a	re your child's main interest and hobbies?
What a	re your child's strengths and areas of greatest accomplishments?
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JOR A	DEAC OF CONCERN
What is	REAS OF CONCERN child's problem and when did it begin?
What is	child's problem and when did it begin?
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What is	
	child's problem and when did it begin?
	child's problem and when did it begin?
How ha	child's problem and when did it begin?
How ha	child's problem and when did it begin? ve you tried to resolve the problem? What have you found to be effective?
How ha	child's problem and when did it begin? ve you tried to resolve the problem? What have you found to be effective? cr child been treated for this problem before?

ADDITIONAL REMARKS: Please use the remainder of this page as well as the back to write any additional comments you wish to make regarding your child's difficulties.				