**Comprehensive Child Clinical History Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient is:🞎left-handed 🞎right-handed 🞎ambidextrous

Child’s Name:

Last First Middle Initial

Gender:\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_ Ethnicity:\_\_\_\_\_\_\_\_\_\_\_\_\_ Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your main concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How would you rate your child’s overall functioning? (circle)

10 9 8 7 6 5 4 3 2 1

unable to unable to serious mild to minimal no difficulty

function in function in difficulty moderate difficulty

all areas in most areas functioning difficulty

What are your child’s strengths? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your goals for treatment and desired outcome? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**PREGANCY/INFANCY HISTORY**

**Please check the following for the mother of the child**: True Not True Don’t Know

1. Had bleeding during the first 3 months \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

2. Had bleeding during the second 3 months \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

3. Had bleeding during the last 3 months \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

4. Grained less than 15 pounds, specify: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

5. Gained more than 30 pounds, specify: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

6. Had pre-eclampsia or toxemia \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

7. Had to take medications; list \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

8. Took narcotic drugs; list \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

9. Drank alcohol; amount \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

10. Had previous miscarriage; number \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

11. Had premature baby(ies) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

12. Smoked 1 pack or more of cigarettes daily \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

13. Labor lasted less than 2 hours \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

14. Labor lasted more than 12 hours \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

15. Had a difficult labor \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

16. Was put to sleep for delivery \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

17. Was given medication for labor; specify \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

18. Delivery was normal \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

19. Delivery was breech, caesarian, forceps, induced \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

(Circle all that apply)

20. How was the mother’s health during the pregnancy of this child? \_\_\_good \_\_\_fair \_\_\_poor \_\_\_don‘t know

21. How old was the mother when this child was born? \_\_\_\_\_\_\_\_\_\_\_\_\_

22. Was this child born on schedule? \_\_\_8 mths. or earlier \_\_\_term (8-10 mths) \_\_\_after 10 mths \_\_\_don’t know

23. What was this child’s birth weight? \_\_\_pounds \_\_\_\_ounces

24. Is this child adopted? \_\_\_yes \_\_\_no If yes, at what age?\_\_\_\_\_\_\_

25. Number of previous pregnancies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

26. Number of living children:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Newborn Infant Problems**

**(first month of life)** True Not True Don’t Know

1. Born with cord around neck \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

2. Injured during birth \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

3. Had trouble breathing \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

4. Jaundiced (turned yellow) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

5. Cyanosis (turned blue) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

6. Was a twin or triplet \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

7. Had an infection \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

8. Had seizures \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

9. Was given medications, specify: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

10. Needed oxygen \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

11. Was in hospital more than five days \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

12. Born with a heart defect \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

13. Born with other defect(s), specify \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

14. Had trouble sucking \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

15. Had skin problems \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

16. Colic \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

17. Sleep problems \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DEVELOPMENTAL FACTORS**

When did this child do the following: (If you cannot recall the age, write either early, normal, or late.)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | No | 0-3 mo | 4-6 mo | 7-12mo | 13-18 mo | 19-24 mo | 2-3 yrs | 3-4 yrs | 4-5 yrs | 5-7 yrs | 7+ yrs |
| 1. Hold up head |  |  |  |  |  |  |  |  |  |  |  |
| 2. Roll front to back |  |  |  |  |  |  |  |  |  |  |  |
| 3. Sit alone |  |  |  |  |  |  |  |  |  |  |  |
| 4. Crawl |  |  |  |  |  |  |  |  |  |  |  |
| 5. Walk alone |  |  |  |  |  |  |  |  |  |  |  |
| 6. Speak single words (not mama/dada) |  |  |  |  |  |  |  |  |  |  |  |
| 7. String two or more words together |  |  |  |  |  |  |  |  |  |  |  |
| 8. Toilet trained (bladder control) |  |  |  |  |  |  |  |  |  |  |  |
| 9. Toilet trained (bowel control) |  |  |  |  |  |  |  |  |  |  |  |
| 12. Have difficulty separating from parents |  |  |  |  |  |  |  |  |  |  |  |
| 13. Thumb-sucking |  |  |  |  |  |  |  |  |  |  |  |
| 14. Fears (what?) |  |  |  |  |  |  |  |  |  |  |  |
| 15. Nightmares |  |  |  |  |  |  |  |  |  |  |  |
| 16. Hurt self, others, animals |  |  |  |  |  |  |  |  |  |  |  |
| 17. Play with fire |  |  |  |  |  |  |  |  |  |  |  |
| 18. Run away |  |  |  |  |  |  |  |  |  |  |  |
| 19. Temper tantrums |  |  |  |  |  |  |  |  |  |  |  |
| 20 Open Masturbation |  |  |  |  |  |  |  |  |  |  |  |
| 22. Behavior problems at school |  |  |  |  |  |  |  |  |  |  |  |

**MEDICAL HISTORY**

Please rate your child in each of the following areas:

|  |  |  |  |
| --- | --- | --- | --- |
|  | GOOD | FAIR | POOR |
| 1. Health |  |  |  |
| 2. Hearing |  |  |  |
| 3. Vision |  |  |  |
| 4. Gross Motor Coordination |  |  |  |
| 5. Fine Motor Coordination |  |  |  |
| 6. Speech Articulation |  |  |  |

List Any Sensory Issues (currently, or historically)

|  |  |
| --- | --- |
| Tactile (touch) |  |
| Visual |  |
| Auditory |  |
| Movement |  |
| Smell |  |
| Taste/Oral |  |

Has this child ever had any Occupational &/or Speech Therapy? If so, please list Dates and Location:

With whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What was the reason? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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With whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the reason?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please identify any past medical injuries and illnesses/beginning with most recent:

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Date | Age | Effects/Impact |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please check the following problems: YES NO DON’T KNOW

* Suspicion of alcohol/drug use \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_
* History of physical/sexual abuse \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_
* Sleeping problems \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_
* Is this child a restless sleeper \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Does this child have bladder/bowel control problems?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES/NO | DAY (how often) | NIGHT (how often) | When did this begin? |
| Bladder |  |  |  |  |
| Bowel |  |  |  |  |

Please list history of vaccinations, if any:

|  |  |  |  |
| --- | --- | --- | --- |
| **Age** | **Vaccination** | **Age** | **Vaccination** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

Please list any prescription or non-prescription medications this child is presently taking.

|  |  |  |
| --- | --- | --- |
| **Medication & Dates** | **Dosage** | **Purpose** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

When was this child’s last medical exam?

With whom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:

What was the reason?

History of mental health: Psychiatric (medication); psychological testing; mental health counseling? If so, please identify:

Name/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Long:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Purpose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Name/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How Long:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purpose:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**FAMILY HISTORY**

Please identify if there are **family members** with the following:

|  |  |
| --- | --- |
| CHILD’S MOTHER - Maternal Family | CHILD’S FATHER - Paternal Family |
| Substance Abuse: | Substance Abuse: |
| Learning Disabilities: | Learning Disabilities: |
| Psychiatric Diagnosis: | Psychiatric Diagnosis: |
| Anxiety/Depression | Anxiety/Depression: |
| Behavior Problems: | Rage/Behavior Problems: |
| Medical Problems: | Medical Problems: |
| Physical/Sexual Abuse | Physical/Sexual Abuse: |
| Arrests: | Arrests: |
| Autism Spectrum: | Autism Spectrum: |

**SCHOOL HISTORY**

Current School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

Please summarize the child’s progress in school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Has the child ever had educational testing, or in a special educational program (IEP/504):\_\_\_\_ Yes \_\_\_\_ No

If yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**please bring in copies**)

Learning Disabilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advance Placement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Schools Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Check any of the following that apply: (grade) (please write in details)

Afraid to attend school \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Been bullied \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bullied others \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disrupt class \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inattentive in class \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refuse to go to school \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fail to turn in work \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Detention \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In-school suspension \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Out-of-school suspension \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expelled from school \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have any additional instructional modifications been attempted? \_\_\_\_ none \_\_\_\_behavioral program

\_\_\_\_\_\_daily/weekly report card \_\_\_\_\_\_ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extracurricular Activities or specific interests: (current and history) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SOCIAL HISTORY**

1. How does this child get along with his/her siblings? \_\_\_ No siblings \_\_\_Better than average

\_\_\_ Average \_\_\_\_Worst than average.

2. How easily does this child make friends? \_\_\_Very Easy \_\_\_\_Average \_\_\_\_Not very Easily.

3. On average, how long does this child keep friendships? \_\_\_\_less 6 mths \_\_\_\_ 6mths to year \_\_\_\_ 1+ year

4. Is the child able to form close relationships? \_\_\_\_ Yes \_\_\_\_No

Does your child seem to miss social cues (e.g. not understand when she/he is being teased, not understanding humor, not recognizing when children are disinterested in what she/he is talking about, perceives hostility when there is none)?

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

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Family members living in home/homes: Please list family members currently living in the child’s home and immediate family members living outside of the home:

**Name In/Out Relation - Biological/Other Gender Age Grade/Job \_\_\_\_\_\_\_\_\_\_\_**

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

Who has taken care of the child most of his/her life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Who is the primary disciplinarian in the family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do parents agree on the issues of parenting, rules, and discipline? \_\_\_\_\_\_\_\_\_Are they \_\_\_strict \_\_\_lenient

Do parents get along with one another? \_\_\_\_ always \_\_\_\_ usually \_\_\_\_ sometimes \_\_\_\_ rarely

To what extent are you (and spouse) consistent with respect to disciplinary strategies?

\_\_\_ most of the time \_\_\_ some of the time \_\_\_ none of the time

What would you like to change about your family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please mark any of the statements below which apply to your family.

Yes No

Our family is warm and loving \_\_\_ \_\_\_

People are always fighting \_\_\_ \_\_\_

Everyone goes his or her own separate way \_\_\_ \_\_\_

People say what is on their mind \_\_\_ \_\_\_

Have there been or are there currently any major changes or stressors in the family where the child was raised? \_\_\_\_Yes \_\_\_\_\_No If yes, please check all that apply:

In Past Current (6 mo/less)

Financial \_\_\_\_\_ \_\_\_\_\_

Frequent moves \_\_\_\_\_ \_\_\_\_\_

Job Changes \_\_\_\_\_ \_\_\_\_\_

Drinking/drug usage \_\_\_\_\_ \_\_\_\_\_

Arguments between parents \_\_\_\_\_ \_\_\_\_\_

Separation or divorce of parent’s \_\_\_\_\_ \_\_\_\_\_

Remarriage of parent \_\_\_\_\_ \_\_\_\_\_

Separation from sibling’s \_\_\_\_\_ \_\_\_\_\_

Separation from other family member’s \_\_\_\_\_ \_\_\_\_\_

Frequent physical punishment \_\_\_\_\_ \_\_\_\_\_

Physical confrontations between parents \_\_\_\_\_ \_\_\_\_\_

Separation from significant non-family member \_\_\_\_\_ \_\_\_\_\_

Mental illness in family \_\_\_\_\_ \_\_\_\_\_

Physical illness in family \_\_\_\_\_ \_\_\_\_\_

Psychiatric hospitalization of a parent \_\_\_\_\_ \_\_\_\_\_

Death in the family \_\_\_\_\_ \_\_\_\_\_

Sexual promiscuity of incestual behavior in family \_\_\_\_\_ \_\_\_\_\_

Family feels isolated \_\_\_\_\_ \_\_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

How has family been changed by the child’s problem(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What is the family’s expectation of treatment/testing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What does the family see as their role in treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are the family’s strengths? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are the family’s weaknesses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What strategies have been used to address your child’s difficulties? (check those that apply and circle those that have been successful):

Verbal reprimands \_\_\_\_\_ Time outs \_\_\_\_\_

Removal of privileges \_\_\_\_\_ Reward system \_\_\_\_\_

Physical punishment \_\_\_\_\_ Giving in \_\_\_\_\_

Avoiding issues \_\_\_\_\_ Other \_\_\_\_\_

**Spiritual Orientation**

Please describe the spiritual orientation or religion of this child’s family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How active are spiritual beliefs/religion in the family’s life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are other (related) concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I greatly appreciate you taking the time to complete these questions, as the information is very valuable in understanding your child and with development of a comprehensive assessment.

Dr. Janet R. O’Donnell

Child Psychologist

**AMEN Symptom Inventory**

CURRENT BEHAVIORAL CONCERNS

Please mark each symptom as indicated below:

1 = mild intensity (Occasionally)

2 = moderate intensity (Frequently) **DO NOT CHECK IF NOT A PROBLEM**

3 = severe intensity (Very Frequently)

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | **1 & 2** |
|  |  |  | Easily distracted; difficulty sustaining attention to most tasks |
|  |  |  | Difficulty listening when others are talking |
|  |  |  | Difficulty following through; procrastination |
|  |  |  | Difficulty keeping organized (backpack, desk, room, assign) |
|  |  |  | Trouble putting thoughts on paper |
|  |  |  | Trouble with time management (late; loses track of time) |
|  |  |  | Not learning from mistakes; poor short-term memory |
|  |  |  | Trouble calculating math; sequencing problems |
|  |  |  | Tendency to lose things; forgetfulness |
|  |  |  | Poor attention to details; makes careless mistakes |
|  |  |  | Excessive daydreaming; spacey or preoccupied |
|  |  |  | Complaining of being bored |
|  |  |  | Appears apathetic; unmotivated |
|  |  |  | Tired, sluggish, slow moving; slow speaking |
|  |  |  | Difficulty expressing feelings |
|  |  |  | Lack of empathy/insight; misperceives other intentions |
|  |  |  | Avoids/dislikes tasks requiring sustained effort |
|  |  |  |  |
|  |  |  | Fidgety; restless, trouble sitting still |
|  |  |  | Difficulty remaining seated in situations were expected to |
|  |  |  | Runs/climbs excessively when inappropriate |
|  |  |  | Difficulty being quiet; talks excessively |
|  |  |  | Interruptive; verbally or physically |
|  |  |  | Difficulty waiting in line or waiting turn |
|  |  |  | impulsive |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | **(3)** |
|  |  |  | Excessive worrying: others say worry too much |
|  |  |  | Holds grudges |
|  |  |  | Upset when things don’t go their way |
|  |  |  | Upset with things are out of place |
|  |  |  | Needing to have things done a certain way |
|  |  |  | Argumentative, oppositional |
|  |  |  | Trouble shifting behaviors, compulsive |
|  |  |  | Trouble shifting attention, obsessive |
|  |  |  | Inflexible; rigid; dislikes change |
|  |  |  | Repetitive negative thoughts; predicts the worst |
|  |  |  | Difficulty seeing options/problem solving |
|  |  |  | Uncooperative; difficulty hearing others opinion |
|  |  |  | Says no without thinking it through |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | **(5)** |
|  |  |  | Frequent sadness or crying |
|  |  |  | Moodiness, irritability |
|  |  |  | Feeling hopeless, helpless |
|  |  |  | Dissatisfied, bored |
|  |  |  | Disinterested in others, or things they used to enjoy |
|  |  |  | Excessive guilt |
|  |  |  | Suicidal Ideation |
|  |  |  | Appetite problems |
|  |  |  | Sleep problems |
|  |  |  | Social isolation |
|  |  |  | Chronic low self-esteem |
|  |  |  | Sensitivity to smells |

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2 | 3 | **(4)** |
|  |  |  | Periods of irritability; short fuse; aggression for little reason |
|  |  |  | Periods of Rage (is tired after rage episode) |
|  |  |  | Misinterprets comments as negative |
|  |  |  | Periods of spaciness; confusion |
|  |  |  | Panic, fear for little reason |
|  |  |  | Seeing shadows, hearing muffled sounds |
|  |  |  | Déjà vu, other odd sensations |
|  |  |  | Mild paranoia; sensitivity |
|  |  |  | Periods of forgetfulness |
|  |  |  | Headaches/stomachaches with uncertain origin |
|  |  |  | Excessive religiosity, dark, scary thoughts |
|  |  |  |  |
|  |  |  | History of head injury |
|  |  |  | Forgetfulness; long memory issues |
|  |  |  | Reading issues or comprehension problems |
|  |  |  | Switching/reversing letters & numbers |
|  |  |  | Poor rote memorization/conditioned learning |

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | 2 | 3 | **(7)** |
|  |  |  | Anxiety, nervousness |
|  |  |  | Physical sensations of anxiety (increased heart rate; sweating) |
|  |  |  | Panic attacks; avoids places in fear of panic attack |
|  |  |  | Predicts worst, hypervigilant; easily startled |
|  |  |  | Excess fear of being judged; excessive sensitivity to criticism |
|  |  |  | Fears of dying or doing something crazy |
|  |  |  | Phobias; or excessive fears |
|  |  |  | Tension headaches, muscle tension or soreness |
|  |  |  | Feeling dizzy, faint, or unsteady |
|  |  |  | Conflict avoidant |
|  |  |  | Low motivation |
|  |  |  | Tics (vocal and/or motor) |
|  |  |  | Poor handwriting or tying shoes |
|  |  |  | Low self-esteem; lacks confidence in own abilities |
|  |  |  | Bites fingernails; picks skin |
|  |  |  | poor coordination; unusual gait |