

# PATIENT'S NAME: \_\_\_\_\_

When a feature is present, please put both one or two letters and a number

Place a P (past) next to those that your child has exhibited before 9 months ago ( and that lasted at least 6 months in the PAST. Then an N(now) next to those that your child exhibits for at least the past 6 months. Then put a number (too) next to the symptom to tell approximately the severity: 1 = rarely; 2 = 1/4 of the time; 3= 1/2 of the time; 4 at least 3/4's of the time.

## MISC.

Doesn't pay attention during storytelling \_\_\_\_\_

\_\_\_\_\_ Excessive silliness and clowning

\_\_\_\_\_ Thumb-sucking

\_\_\_\_\_ Baby talk

\_\_\_\_\_ Overly dependent for age

\_\_\_\_\_ Excessive demands for attention

\_\_\_\_\_ Generally immature

\_\_\_\_\_ Ever complaining

\_\_\_\_\_ Excessive modesty over bodily exposure

\_\_\_\_\_ Stuttering

\_\_\_\_\_ Involuntary grunts, vocalizations (understood or not)

\_\_\_\_\_ Night terrors (terrifying nighttime outbursts)

\_\_\_\_\_ Insomnia (difficulty sleeping)

\_\_\_\_\_ Sleepwalking

\_\_\_\_\_ Takes path of least resistance

\_\_\_\_\_ Suspicious, distrustful

\_\_\_\_\_ Little, if any response to punishment for antisocial behavior

\_\_\_\_\_ Aloof

\_\_\_\_\_ Few, if any, friends

\_\_\_\_\_ Low curiosity

\_\_\_\_\_ Doesn't seek friendships

\_\_\_\_\_ Brags or boasts

\_\_\_\_\_ Rarely sought by peers

\_\_\_\_\_ Bribes other children

\_\_\_\_\_ Not accepted by peer group

\_\_\_\_\_ Excessively competitive

\_\_\_\_\_ Selfish

\_\_\_\_\_ Often cheats when playing games

\_\_\_\_\_ "Sore loser"

\_\_\_\_\_ "Doesn't know when to stop"

\_\_\_\_\_ Poor common sense in social situations

\_\_\_\_\_ Violent outbursts of rage

\_\_\_\_\_ Trouble putting self in other person's position

\_\_\_\_\_ Often feels cheated or gypped

\_\_\_\_\_ Egocentric (self-centered)

\_\_\_\_\_ Feels others are persecuting him when there is no evidence for such

\_\_\_\_\_ Excessively critical of others

\_\_\_\_\_ Trouble with the police

\_\_\_\_\_ Feigns or verbalizes compliance or cooperation but doesn't comply with requests

\_\_\_\_\_ Little, if any, guilt over behavior that causes pain and discomfort

\_\_\_\_\_ Is picked on and easily bullied by other

\_\_\_\_\_ Alcohol abuse

\_\_\_\_\_ Drug abuse

\_\_\_\_\_ Head banging

\_\_\_\_\_ Hair pulling

\_\_\_\_\_ Picks on skin

\_\_\_\_\_ Speaks rapidly and under pressure

\_\_\_\_\_ Excessive desire to please authority

\_\_\_\_\_ Very poor toleration of criticism

Hallucinations \_\_\_\_\_

Delusions \_\_\_\_\_

Illusions \_\_\_\_\_

## G.I. & ELIMINAT.

\_\_\_\_\_ Constipation

\_\_\_\_\_ Encopresis (soiling)

\_\_\_\_\_ Enuresis (bed wetting)

\_\_\_\_\_ Undereating with underweight

\_\_\_\_\_ Overeating with overweight

\_\_\_\_\_ Eating binges with overweight

\_\_\_\_\_ Preoccupation with bowel movements

\_\_\_\_\_ Eats non-edible substance

\_\_\_\_\_ Long periods of dieting: food abstinence with underweight

\_\_\_\_\_ Preoccupied with food-w/ to eat and what not to eat

DEPR: \_\_\_\_\_ Irritable

\_\_\_\_\_ Feelings easily hurt

\_\_\_\_\_ Dissatisfaction with appearance or body

\_\_\_\_\_ Little concern for personal appearance or hygiene

\_\_\_\_\_ Poor motivation

\_\_\_\_\_ Apathy (no interest)

\_\_\_\_\_ No enjoyment

\_\_\_\_\_ Asks to be punished

\_\_\_\_\_ Excessive guilt over minor indiscretions

\_\_\_\_\_ Low self-esteem

\_\_\_\_\_ Perfectionistic, rarely satisfied with performance

\_\_\_\_\_ Excessive self-criticism

\_\_\_\_\_ Suicidal preoccupation gestures, or attempts or thoughts of death

\_\_\_\_\_ Depression

\_\_\_\_\_ crying

\_\_\_\_\_ No energy, easily fatigued

ANX:

\_\_\_\_\_ headaches

\_\_\_\_\_ stomach cramps

\_\_\_\_\_ Very tense

\_\_\_\_\_ Nail biting

\_\_\_\_\_ Chews on clothes, blankets, etc.

\_\_\_\_\_ nausea and vomiting

\_\_\_\_\_ nightmares

\_\_\_\_\_ complains of bodily aches and pains

\_\_\_\_\_ Worries over bodily illness

\_\_\_\_\_ Anxiety attacks with palpitations (heart pounding) shortness of breath, sweating, etc.

\_\_\_\_\_ Tics such as eye-blinking, grimacing, or other spasmodic repetitive movements

\_\_\_\_\_ Excessive worrying over minor things

Fears: \_\_\_\_\_ dark

\_\_\_\_\_ new situations

\_\_\_\_\_ strangers being 2

alone

\_\_\_\_\_ death separation from parent school

\_\_\_\_\_ visiting other children's homes going away to camp animals

other fears (please list)

SX

\_\_\_\_\_ sex play with other childr

\_\_\_\_\_ likes to wear clothing of the opposite sex

\_\_\_\_\_ Exhibits gestures and intonations of the opposite sex

\_\_\_\_\_ Excessive masturbation

\_\_\_\_\_ Excessive sexual interest and preoccupation

DESCRIBE ANY OTHER SYMPTOM NOT YET MENTIONED

LIST NAMES AND ADDRESSES OF ANY OTHER PROFESSIONALS CONSULTED

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

SIBLINGS

1. Name Age Medical, social or academic problems

2. \_\_\_\_\_

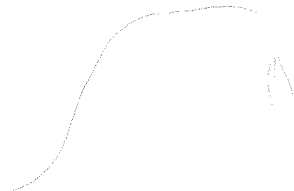
3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

ADDITIONAL REMARKS Please write any additional comments you wish to make regarding your child's difficulties. (Please write on the back if needed) \_\_\_\_\_

MOTHER HISTORY – MOTHER



Age \_\_\_\_\_ Age at the time of the patient's conception \_\_\_\_\_

Sterility problems (specify) \_\_\_\_\_

School: Highest-grade completed \_\_\_\_\_

Learning problems (specify) \_\_\_\_\_ grade repeated \_\_\_\_\_

Behavior or psychological problems (specify) \_\_\_\_\_

Medical problems (specify) \_\_\_\_\_

Have any of your blood relatives (not including patient and siblings) ever had problems similar to those your child has? If so, describe \_\_\_\_\_

\_\_\_\_\_

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**FAMILY HISTORY-FATHER**

Age \_\_\_\_\_ Age at the time of the patient's conception \_\_\_\_\_

Sterility problems (specify) \_\_\_\_\_

School: Highest-grade completed \_\_\_\_\_

Learning problems (specify) \_\_\_\_\_ grade repeated \_\_\_\_\_

Behavior or psychological problems (specify) \_\_\_\_\_

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**ACADEMICS... SCHOOL**
**In comparison to an average child of the same age:**
**Reading**

- Is the child/teen reading below average? \_\_\_\_\_
- Does the child/teen dislike reading? \_\_\_\_\_
- When the child/teen reads, does he or she make mistakes like skipping words or lines or reading the same line twice? \_\_\_
- Does the child/teen have problems remembering what he or she reads, even though he or she has read all the words? \_\_\_

**Writing**

- Is the handwriting below average? \_\_\_\_\_
- Is Spelling, grammar, or punctuation below average? \_\_\_\_\_
- Does he or she have trouble copying off the board? \_\_\_\_\_
- Does he or she usually write in print? \_\_\_\_\_
- Does he or she have trouble getting thoughts out to the paper? \_\_\_\_\_

**Math**

- Does he or she fail to know the multiplication tables? \_\_\_\_\_
- Does he or she switch numbers around? \_\_\_\_\_
- Does he or she often forget what he or she is supposed to be doing in the middle of a problem? \_\_\_\_\_

**Sequencing**

- When he or she speaks does he/she have trouble getting everything in the right order (switch words or ideas around)? \_\_\_
  - Does he or she fail to name the months of the year in order? \_\_\_\_\_
  - Does he or she have trouble using the alphabet in order? \_\_\_\_\_
- After a mistake, does he or she have to start from the beginning each time? \_\_\_

**Abstraction**

- Does he or she fail to understand jokes when the friends tell them? \_\_\_\_\_
- Does he or she often take things too literally? \_\_\_\_\_
- Does he or she get easily confused when learning new concepts? \_\_\_\_\_

**Organization**

- Does his or her room look quite messy? \_\_\_\_\_

- Does his or her schoolwork (desk, locker, book bag) look quite messy? \_\_\_\_\_
- Does he or she have multiple piles everywhere? \_\_\_\_\_
- Does he or she have trouble organizing thoughts or the facts being learnt? \_\_\_\_\_
- Does he or she have trouble planning his/her time? \_\_\_\_\_
- Is he or she frequently late or have trouble judging time? \_\_\_\_\_

Memory

- Does the child/teen find that he or she can learn something at night and then go to school the next day and forget what was learned? \_\_\_\_\_
- Does the child/teen often forget what he or she is going to say right in the middle of saying it? \_\_\_\_\_

Language

- When someone is speaking, does the child/teen often have trouble keeping up or understanding what is being said? \_\_\_\_\_
  - Does the child/teen often misunderstand people and give the wrong answer? \_\_\_\_\_
- Does the child/teen have problems finding the right words to use? \_\_\_\_\_

Did your child or adolescent like or dislike the following school years. Describe briefly any overall problems:

Nursery school \_\_\_\_\_

Kindergarten \_\_\_\_\_

Grades 1-6 \_\_\_\_\_

Afterward \_\_\_\_\_

Most children exhibit, at one time or another, one or more of the symptoms listed below. Only mark those symptoms that have been or are present to a significant degree over at least 6 months. Only check, as problems behavior that you suspect is unusual atypical when compared to what you consider to be normal for your child's age.

When a feature is present, please put **both one or two letters and a number**

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Then, on the last page, group the symptoms checked off on pages 7-10 and write a brief description of the group, including age onset, duration, and any other pertinent information.

ATTENTION (6/9)

1. Fails to give close attention to details or makes <b>careless mistakes</b> in school work, work, or other activities.	1	2	3	4
2. Has difficulty sustaining attention to tasks or play activities	1	2	3	4
3. Is <b>easily distracted by extraneous stimuli</b>	1	2	3	4
4. Loses <b>things</b> necessary for tasks or activities at school or at home (e.g., toys, pencils, books)	1	2	3	4
5. <b>Doesn't seem to listen</b> to what is being said to him or her	1	2	3	4
6. Has <b>difficulty following through on instructions</b> from others (not due to stubborn resistance nor failure of comprehension); e.g., fails to finish chores	1	2	3	4
7. Has <b>difficulty organizing</b> tasks and activities	1	2	3	4
8. <b>Avoids, dislikes, or is reluctant</b> to engage in tasks that require <b>sustained mental effort</b> (such as schoolwork or homework).	1	2	3	4
9. Is <b>forgetful in daily</b> activities	1	2	3	4

**HYPERACTIVITY (6/9)**

- 10. Has difficulty **remaining seated** when required to 1 2 3 4
- 11. **Fidgets** with hands or feet or **squirms** in seat 1 2 3 4
- 12. Has difficulty **playing quietly** 1 2 3 4
- 13. **Talks excessively** 1 2 3 4
- 14. Is  on the go , or acts as if  driven by a motor  1 2 3 4
- 15. **Runs or climbs excessively** without considering

possible consequences (not JUST thrill-seeking); e.g.,  
 runs into street without looking 1 2 3 4

**IMPULSIVITY**

- 16. **Interrupts or intrudes** on others; e.g., butts into other children's games 1 2 3 4
- 17. **Blurts out answers** before questions have been completed 1 2 3 4
- 18. Has difficulty **waiting turn** in games or group situation 1 2 3 4

**OPPOSITIONAL BEHAVIOR (4/8)**

- 19. **Loses temper easily** 1 2 3 4
- 20. **Argues with adults** 1 2 3 4
- Actively **defies or refuses adult requests or rules**; e.g.,  
 refuses to do chores at home 1 2 3 4
- 22. **Deliberately does things that annoy other people**; e.g.,  
 grabs other children's hats 1 2 3 4
- 23. **Blames others** for his or her own mistakes 1 2 3 4
- 24. Is **touchy or easily annoyed** by others 1 2 3 4
- 25. Is **angry and resentful** 1 2 3 4
- 26. Is **spiteful or vindictive** 1 2 3 4

**CONDUCT (3/15)**

- 27. Has **stolen without confrontation** of another person (adult or child) on more than one occasion (including forgery) 1 2 3 4
- 28. Has **run away from home overnight at least twice** while living at home (or once without returning and staying away a least a week) 1 2 3 4
- 29. **Lies to get something or avoid consequences** 1 2 3 4
- 30. Has **deliberately engaged in fire-setting** 1 2 3 4
- 32. Is **truant from school** (for older persons, absent from work) 1 2 3 4
- 32. Has **broken into someone else's house, building or car** 1 2 3 4
- 33. Has **deliberately destroyed others' property** (other than by fire- setting) 1 2 3 4
- 34. Has been **physically cruel to animals** 1 2 3 4
- 35. Has **forced someone into sexual activity** with him or her 1 2 3 4
- 36. Has used a **weapon that can cause serious harm**. (A bat, knife, etc.) 1 2 3 4
- 37. **Initiates physical fights** 1 2 3 4
- 38. Has **stolen with confrontation** of another person e.g., mugging, purse-snatching, 1 2 3 4
- 39. Has been **physically cruel to people** 1 2 3 4
- 40. **Bullies, threatens or intimidates** others. 1 2 3 4
- 41. **Stays out late despite parental prohibition** (and before age 13) 1 2 3 4

# CHILD/ADOLESCENT HISTORY

INSTRUCTIONS: Please write something every line. If you do not know, please put a checkmark to indicate you did not miss anything. Thank you.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
(Last, first, middle initial)

Home Address: \_\_\_\_\_  
Street City State Zip

Home Telephone Number: \_\_\_\_\_

Child's School: \_\_\_\_\_  
Name Address Grade

Present Placement of Child (place check in the appropriate bracket):

	<u>Column A: Adults with whom the child is</u>		<u>living</u>		<u>Column B: Other ( Nonresidential) Adults involved with the</u>
					<u>child</u>
Natural Mother	( ) _____		( ) _____		( ) _____
Natural Father	( ) _____		( ) _____		( ) _____
Stepmother	( ) _____		( ) _____		( ) _____
Stepfather	( ) _____		( ) _____		( ) _____
Adoptive Mother	( ) _____		( ) _____		( ) _____
Adoptive Father	( ) _____		( ) _____		( ) _____
Foster Mother	( ) _____		( ) _____		( ) _____
Foster Father	( ) _____		( ) _____		( ) _____
Other (specify)	_____		_____		_____

Place the number 1 or 2 next to each check in Column A and provide the following information about each parental type of person:

1. Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Business: \_\_\_\_\_  
Name Address Business Phone Number

2. Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Business: \_\_\_\_\_  
Name Address Business Phone Number

Place the number 3 next to the person (checked in Column B) who is most involved with the child and provide the following information:

3. Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Business: \_\_\_\_\_  
Name Address Business Phone Number

Home Address: \_\_\_\_\_  
Street City State Zip

Source of Referral: Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Phone Number

What would you like to achieve as a result of today's Consultation? : \_\_\_\_\_

\_\_\_\_\_

PREGNANCY

Complications:

Excessive vomiting \_\_\_\_\_ Hospitalization required \_\_\_\_\_

Excessive staining or blood loss \_\_\_\_\_

Threatened miscarriage \_\_\_\_\_

Infection(s) (specify) \_\_\_\_\_

Toxemia \_\_\_\_\_

Operation(s) (specify) \_\_\_\_\_

Other illness (es) (specify) \_\_\_\_\_

Smoking during pregnancy \_\_\_\_\_ average number of cigarettes per day \_\_\_\_\_

Alcohol consumption during pregnancy \_\_\_\_\_

Describe, if beyond an occasional drink \_\_\_\_\_

"Drugs" during pregnancy? \_\_\_\_\_

Medications taken during pregnancy \_\_\_\_\_

X-ray studies during pregnancy \_\_\_\_\_

DELIVERY

Type of labor: Spontaneous \_\_\_\_\_ Induced \_\_\_\_\_

Forceps: high \_\_\_\_\_ mid \_\_\_\_\_ low \_\_\_\_\_

Duration of labor \_\_\_\_\_ hours

Type of delivery: Vertex (normal) \_\_\_\_\_ breech \_\_\_\_\_ Cesarean \_\_\_\_\_

Complications:

Cord around neck \_\_\_\_\_

Cord presented first \_\_\_\_\_

Hemorrhage \_\_\_\_\_

Infant injured during delivery \_\_\_\_\_

Other (specify) \_\_\_\_\_

Birth weight \_\_\_\_\_

Was it appropriate for gestational age (AGA) \_\_\_\_\_

Small for gestational age ? (SGA) \_\_\_\_\_

POST-DELIVERY PERIOD (while in the hospital)

Respiration: immediate \_\_\_\_\_ delayed (if so, how long) \_\_\_\_\_



Cry: immediate \_\_\_\_\_ delayed (if so, how long) \_\_\_\_\_

Mucus accumulation \_\_\_\_\_

Apgar score (if known) \_\_\_\_\_

Jaundice \_\_\_\_\_

Rh factor \_\_\_\_\_ transfusion \_\_\_\_\_

Cyanosis (turned blue) \_\_\_\_\_

Incubator care \_\_\_\_\_ number of days \_\_\_\_\_

Sucking reflex : strong \_\_\_\_\_ weak \_\_\_\_\_

Infection (specify) \_\_\_\_\_

Vomiting \_\_\_\_\_ diarrhea \_\_\_\_\_

Birth defects (specify) \_\_\_\_\_

Total number of days baby was in the hospital after the delivery \_\_\_\_\_

**INFANCY-TODDLER PERIOD**

Were any of the following present to a significant degree during the first few years of life? If so, describe.

Did not enjoy cuddling \_\_\_\_\_

Was not calmed by being held and/or stroked \_\_\_\_\_

Colic \_\_\_\_\_

headbanging \_\_\_\_\_

Excessive number of accidents compared to other children \_\_\_\_\_

-H- Excessive Restlessness \_\_\_\_\_

-H- Diminished sleep because of restlessness and easy arousal \_\_\_\_\_

-H- Constantly into everything \_\_\_\_\_

**DEVELOPMENTAL MILESTONES**

If you can recall, record the age at which your child reached the following developmental milestones. If you cannot recall, check item at right.

I cannot recall exactly, but to the best of my recollection it occurred:

	<u>Age</u>	<u>Early</u>	<u>At normal time</u>	<u>Late</u>
Smiled _____				
Sat without support _____				
Crawled _____				
Stood without support _____				
Walked without support _____				
Spoke first words besides "ma-ma" & "da-da" _____				
Said phrases _____				
Said sentences _____				
Bowel trained, day _____				
Bowel trained, night _____				
Bladder trained, day _____				
Bladder trained, night _____				
Rode tricycle _____				
Rode bicycle (without training wheels) _____				
Buttoned clothing _____				
Tied shoelaces _____				
Named colors _____				
Named coins _____				
Said alphabet in order _____				
Began to read _____				

**COORDINATION**

Rate your child on the following skills:

	<u>Good</u>	<u>Average</u>	<u>Poor</u>
Walking _____			
Running _____			
Throwing _____			
Catching _____			
Shoelace tying _____			
Buttoning _____			
Writing _____			
Athletic abilities _____			

**COMPREHENSION AND UNDERSTANDING**

Do you consider your child to understand directions and situations as well as other children his or her age?  
\_\_\_\_\_ If not, why not? \_\_\_\_\_

How would you rate your child's overall level of intelligence compared to other children?  
Below average \_\_\_\_\_ Average \_\_\_\_\_ Above average \_\_\_\_\_

**MEDICAL HISTORY**

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information.

Childhood diseases (describe any complications) \_\_\_\_\_  
\_\_\_\_\_

Operations \_\_\_\_\_  
\_\_\_\_\_

Hospitalizations for illness(es) other than operations \_\_\_\_\_

Head injuries \_\_\_\_\_

with unconsciousness \_\_\_\_\_ without unconsciousness \_\_\_\_\_

Convulsions \_\_\_\_\_

with fever \_\_\_\_\_ without fever \_\_\_\_\_

Coma \_\_\_\_\_

Meningitis or encephalitis \_\_\_\_\_

Immunization reactions \_\_\_\_\_

Persistent high fevers \_\_\_\_\_ highest temperature ever recorded \_\_\_\_\_

Eye problems \_\_\_\_\_

Ear problems \_\_\_\_\_

Poisoning \_\_\_\_\_

PRESENT MEDICAL STATUS

Present height \_\_\_\_\_ what percentile? \_\_\_\_\_ Present weight \_\_\_\_\_ what percentile? \_\_\_\_\_

Present illness(es) for which child is being treated \_\_\_\_\_

Medications child is taking on an ongoing basis \_\_\_\_\_

FAMILY HISTORY-MOTHER

Age \_\_\_\_\_ Age at time of pregnancy with patient \_\_\_\_\_

Number of previous pregnancies \_\_\_\_\_ Number of spontaneous abortions (miscarriages)

\_\_\_\_\_ Number of induced abortions \_\_\_\_\_

Sterility problems (specify) \_\_\_\_\_

School: Highest grade completed \_\_\_\_\_

Learning problems (specify) \_\_\_\_\_ grade repeated \_\_\_\_\_

Behavior or psychiatric problems (specify) \_\_\_\_\_

Medical problems (specify) \_\_\_\_\_

Have any of your blood relatives (not including patient and siblings) ever had problems similar to those your child has? If so, describe \_\_\_\_\_