



NeuroDevelopment, LLC  
608 E. Harmony Rd, Ste 202  
Fort Collins, CO 80525  
Phone: 970.282.4428  
Fax: 970.282.4393

Today's Date \_\_\_\_\_ Referred By: \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Birthday \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Birthdate/Yr \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Birthdate/Yr \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Brothers – Sisters (Names and Ages) \_\_\_\_\_

Is Child Adopted? \_\_\_\_\_ At What Age? \_\_\_\_\_

Others Living at Home \_\_\_\_\_

Child Living With: Both Parents   Father   Mother   Stepfather   Stepmother   Foster Parents   Others

Child is in Grade \_\_\_\_\_ Child's School \_\_\_\_\_



**DEVELOPMENTAL HISTORY**

Age held head up: \_\_\_\_\_  
 Age crawled: \_\_\_\_\_ Age walked: \_\_\_\_\_  
 Speech problems noted at what age: \_\_\_\_\_  
 Shy or timid baby? \_\_\_\_\_  
 Friendly baby? \_\_\_\_\_  
 Fussy (colicky)? \_\_\_\_\_  
 Eating habits as a baby? \_\_\_\_\_  
 Temper tantrums as a baby? \_\_\_\_\_  
 Too active as a baby? \_\_\_\_\_  
 Toilet trained when? \_\_\_\_\_  
 Difficulties toilet training? \_\_\_\_\_  
 Right or left handed? \_\_\_\_\_  
 Others in family who are right handed \_\_\_\_\_  
 \_\_\_\_\_  
 Others in family who are left handed \_\_\_\_\_  
 \_\_\_\_\_  
 Sleeping habits during early childhood: \_\_\_\_\_  
 \_\_\_\_\_  
 Difficult as a baby? How? \_\_\_\_\_  
 \_\_\_\_\_

**CURRENT DESCRIPTION**

Current speech problems? \_\_\_\_\_  
 Shy or timid now? \_\_\_\_\_  
 Friendly now? \_\_\_\_\_ A loner now? \_\_\_\_\_  
 Fussy or picky now? \_\_\_\_\_  
 Concerns with present eating habits? \_\_\_\_\_  
 \_\_\_\_\_  
 Temper tantrums continued until: \_\_\_\_\_  
 Too active now? \_\_\_\_\_  
 Any problems with wetting or soiling now? \_\_\_\_\_  
 \_\_\_\_\_  
 When did child begin to favor preferred hand?  
 \_\_\_\_\_  
 Coordination now: Good O.K. Poor  
 Good with hands? \_\_\_\_\_ Clumsy? \_\_\_\_\_  
 Accident prone? \_\_\_\_\_  
 Sleeping habits now: \_\_\_\_\_  
 Bedtime is when? \_\_\_\_\_ Cooperative? \_\_\_\_\_  
 Blank spells, fainting? \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL HISTORY**

Has Your Child Had:

	YES	NO	AGE	DESCRIBE
Epilepsy/Seizures				
Speech/Language Problems				
High Fever (Over 103°)				
Abscessed Ears				
Allergies				

	YES	NO	AGE	DESCRIBE
Asthma				
Head Injury				
Hospitalization/ Surgery				
Genetic Testing				
Extended Illness				

Any medical problems now? \_\_\_\_\_  
 \_\_\_\_\_  
 Is your child taking any medications now? \_\_\_\_\_  
 Does child wear glasses or contacts? \_\_\_\_\_ Child's eye doctor is: \_\_\_\_\_  
 Has child had a recent hearing evaluation? \_\_\_\_\_ When? \_\_\_\_\_  
 Child's ear doctor: \_\_\_\_\_

**SCHOOL HISTORY**

According to school personnel (teachers, principals, counselors, etc.) child has had problems with:

behavior speech mathematics reading listening writing spelling attention motivation

Other concerns: \_\_\_\_\_

\_\_\_\_\_

Child has been given individual intelligence or achievement tests: yes no

Reports have been given to me about the results: yes no

Name of psychologist/evaluator: \_\_\_\_\_

Child has received:

special education remedial education individual tutoring resource room services

Special help has been received in what subjects? \_\_\_\_\_

When? \_\_\_\_\_

Child's overall adjustment to school (circle a number) Poor \_\_\_\_\_ Excellent  
1 2 3 4 5 6 7 8 9 10

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's attitude towards school: likes indifferent hates

Comment: \_\_\_\_\_

\_\_\_\_\_

Has child repeated a grade? yes no Which one? \_\_\_\_\_