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Today's Date_____ Referred By _____

If referred by a healthcare professional, would you like us to send them a copy of the final report? □ Yes □ No

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_____

Circle all appropriate items below:

My/Our reasons for bringing child in today are:

motivation problems with brother/sister discipline problems problems with other children

reading difficulty math difficulty study skills poor school work behavior problems

paying attention following directions listening

Comment:_____

_____

Problem has been going on: weeks months year or more

Child: (circle a number) Disrupts _____ Gets along well with family
1 2 3 4 5 6 7 8 9 10

Child has been a source of: pride worry friction

Parents generally: agree disagree on how to discipline child

Discipline has been: strict lenient inconsistent

Comment: _____

_____

Other children in home have problems with:

school behavior grades illness emotional adjustment none

Comment: _____

_____

Child's physician: _____

Child's therapist:_____

The pregnancy for this child was: healthy difficult

Explain:_____

The birth of this child was: premature difficult normal

Explain:_____

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?_____