

Child/Adolescent History Form - Testing

Instructions: Please fill out this form as fully and openly as possible. All private information is held in strictest confidence within legal limits. If certain questions do not apply, leave them blank.

Personal History

1) Child's Name: ______ 2) Age: ____ 3) Gender: __M __F Weight: _____ 5) Height: ____ 6) Eye color: ____ 7) Hair color: ____ 8) Race: ____ City Street & Number State Zip 10) Today's Date:_____11) Date of Birth: _____ 12) Home Phone: ______13) Years of Education _____ 14) Has the child been involved in previous testings?: ____ Yes ____ No If Yes, please describe: 15) Why are you requesting testing,?: 16) How long has this problem persisted (from #15)?: 17) Under what conditions do the problems usually get worse?: 18) Under what conditions are the problems usually improved?:______ **Medical History** 19) Name and Address of Physician(s): Physician's Name:_____ Address:_____ City Street & Number State Zip Most Recent Physical Exam: _____ Results:____ 20) List any major illnesses and/or operations:

21) List any physical concerns occurring at present (e.g., high blood pressure, headaches,

dizziness, etc.):____

22)	List any physical concerns (e.g., head trauma, seizures, etc.) experienced in the past:						
23)	On average how many hours of sleep doed your child receive daily?:						
24)) Does your child have trouble falling asleep at night?YesNo If Yes, how long has this been a problem?						
25)) Describe your child's appetite (during the past week): poor appetite average appetite large appetite						
26)) What medications (and dosages) are being taken at present, and for what purpose?:						
	Family History						
28) 29) 30) 31) 32) 33) No	Mother's age: If deceased, how old was the child when she passed away?: Father's age: If deceased, how old was the child when he passed away?: If parents are separated or divorced, how old was the child then?: Number of brother(s) Their ages						
	Other:						
35)	What is the family relationship between the child and his/her custodial parents? Check all that apply: Single parent mother Parents married, together Parents divorced Parents separated With mother and stepfather With father and stepmother Child adopted Other, describe						
36) No	Was there a history or recent occurrence(s) of child abuse to this client? Yes						
	If Yes, which type(s) of abuse? Verbal Physical Sexual Comments:						

37)	Parents' occupa	ations: Mother_		Father	
38)	B) Briefly describe the style of parenting used in the household:				
			Developmental	History	
39)	Briefly describe	any problems n	nother's pregnand	y and/or childbirth:	
40)	Please fill in who	en the following	developmental n	illestones took place:	
	Behavior Age began Comments				
	Walking Talking				
	Toilet trained				
	List any drugs gnancy:	used by moth	er or father at	time of conception, or by	/ mother during
1 - 5					
42)	in the following		development mile	stones (compared to other	s the same age)
	Name person helping with rating, relationship				
	ramo porcon m	orping man raun	9		_
	Below	About	Above		
	Social	Average	Average		
	Physical Language				
	Intellectual				
	Emotional				
	each type of dev		ou rated above as	s below average, please de	scribe current

43)	List your child's three greatest streng	gths:				
	1)					_
	2)					
	3)					
	- /					_
11)	List your child's three greatest weak	naccae or ne	adad aras	as of improvem	ont.	
44)	,					
	1)					_
	2)					_
	3)					_
Edu	cational History					
	•					
45)	List their main difficulties at school:					
40)						
	1)					_
	2)					_
	3)					_
46)	Did your child repeat any grades, r	eceive reme	ediation, o	r placed in ES	SE classes. Please	
	indicate v	vhen.				
	1)					
	1)					_
	2)					_
	3)					_
47)	Briefly describe their friendships:					
48)	What report card grades do they usu	ially receive	7.			
.0)	Have these changed lately?: Ye	any rooding	f Yes how	12.		_
	Trave triese changed lately! re	140 1	1 1 C3, 110 W	/ : ·		
40)	Driefly decembe their helpine and int	araata.				
49)	Briefly describe their hobbies and int	erests:				
	Beh	aviors of Co	oncern			
50)	Please check how often the following	behaviors o	ccur. Thos	se occurring FF	REQUENTLY or of	
,	cial concern may be described on the			Ü		
	•					
	Loses temper easily	Never	_Rarely _	_Sometimes _	Frequently	
2) Argues with adults		Never Never	_Rarely	_ Sometimes _ Sometimes	Frequently Frequently	
3) Refuses adults' requests 4) Deliberately annoys people		Never	_Rarely Rarely	Sometimes _	Frequently	
				Frequently		
, , _			Frequently			
	7) Angry/resentfulNeverRarely SometimesFrequently					
8) Spiteful/vindictiveNeverRarely SometimesFrequently			Frequently			
,	Defiant	Never	_Rarely	_ Sometimes _	Frequently	
,	Bullies/teases others	Never	_Rarely	_ Sometimes _	Frequently	
	11) Initiates fightsRarely SometimesFrequently					
	12) Uses a weaponNeverRarely SometimesFrequently			Frequently Frequently		
10)1	3) Physically cruel to peopleNeverRarely SometimesFrequently					

14) Physically cruel to animals			Rarely	Sometimes	Frequently
15) Stealing			Rarely	Sometimes	Frequently
16) Forced sexual activity			Rarely	Sometimes	Frequently
17) Intentional arson			Rarely	Sometimes	Frequently
18) Burglary			Rarely	Sometimes	Frequently
19) "Cons" other people			Rarely	Sometimes	Frequently
20) Runs away from home			Rarely	Sometimes	Frequently
21) Truant at school			Rarely	Sometimes	Frequently
22) Doesn't pay attention to details	Ne	everF	Rarely	Sometimes	Frequently
23) Several careless mistakes	Ne		Rarely	Sometimes	Frequently
24) Does not listen when spoken to	N	everF	Rarely	Sometimes	Frequently
25) Doesn't finish chores/homework	Ne	everF	Rarely	Sometimes	Frequently
26) Difficulty organizing tasks	Ne	everF	Rarely	Sometimes	Frequently
27) Loses things	Ne	everF	Rarely	Sometimes	Frequently
28) Easily distracted	Ne	everF	Rarely	Sometimes	Frequently
29) Forgetful in daily activities	Ne	everF	Rarely	Sometimes	Frequently
30) Fidgety/squirmy	Ne	everF	Rarely	Sometimes	Frequently
31) Difficulty remaining seated	N	ever F	Rarely	Sometimes	Frequently
32) Runs/climbs around excessively	N	ever F	Rarely	Sometimes	Frequently
33) Difficulty playing quietly	N	ever F	Rarely	Sometimes	Frequently
34) Hyperactive			Rarely	Sometimes	Frequently
35) Difficulty awaiting turn			Rarely	Sometimes	Frequently
36) Interrupts others	N		Rarely	Sometimes	Frequently
37) Problems pronouncing words			Rarely	Sometimes	Frequently
38) Poor grades in school			Rarely	Sometimes	Frequently
39) Expelled from school			Rarely	Sometimes	Frequently
40) Drug abuse			Rarely	Sometimes	Frequently
41) Alcohol consumption			Rarely	Sometimes	Frequently
42) Depression			Rarely	Sometimes	Frequently
43) Shy/avoidant/withdrawn			Rarely	Sometimes	Frequently
44) Suicidal threats/attempts			Rarely	Sometimes	Frequently
45) Fatigued			Rarely	Sometimes	Frequently
46) Anxious/nervous			Rarely	Sometimes	Frequently
47) Excessive worrying			Rarely	Sometimes	Frequently
48) Sleep disturbance			Rarely	Sometimes	Frequently
49) Panic attacks			Rarely	Sometimes	Frequently
50) Mood shifts			Rarely	Sometimes	Frequently
50) MOOD STIIRS	ING	eveir	Хагегу	Sometimes	rrequeritly
53) For each of the behaviors n causes significant impairment, we people's lives. Give examples. Use	rite a brief de	escriptio	n of how	it impacts	
Behaviors of Concern	Impact on Chi	ild or Otl	ners		

54)	Briefly describe the child's ways of expressing the following emotions or behaviors: ANGER:						
	HAPPINESS:						
	SADNESS:						
	ANXIETY:						
55)	List the child's behaviors that you would like to see change:						
56)	Additional information you believe would be helpful:						

PLEASE RETURN THIS AND OTHER ASSESSMENT MATERIALS TO THIS OFFICE AT FIRST APPOINTMENT.