

# Hollywood Psychology Center

3595 Sheridan St., Suite 103, Hollywood, FL 33021

Tel: 954-981-8200 Fax: 954-272-8043

www.HollywoodPsychologyCenter.com

## 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
- 4) Weight: \_\_\_\_\_ 5) Height: \_\_\_\_\_ 6) Eye color: \_\_\_\_\_ 7) Hair color: \_\_\_\_\_ 8) Race: \_\_\_\_\_
- 9) Address \_\_\_\_\_  
Street & Number City 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: \_\_\_\_\_  
Street & Number City 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 does your child receive daily?: \_\_\_\_\_
- 24) Does your child have trouble falling asleep at night? \_\_\_ Yes \_\_\_ No  
 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**

- 27) Mother's age: \_\_\_\_\_ If deceased, how old was the child when she passed away?: \_\_\_\_\_
- 28) Father's age: \_\_\_\_\_ If deceased, how old was the child when he passed away?: \_\_\_\_\_
- 29) If parents are separated or divorced, how old was the child then?: \_\_\_\_\_
- 30) Number of brother(s) \_\_\_\_\_ Their ages \_\_\_\_\_
- 31) Number of sister(s) \_\_\_\_\_ Their ages \_\_\_\_\_
- 32) Client's birthorder. Number \_\_\_\_\_ being in a family of \_\_\_\_\_ children.
- 33) Was the child adopted or raised with parents other than biological parents?: \_\_\_ Yes \_\_\_ No
- 34) Briefly describe relationship with brothers and/or sisters: Past & Present  
 Biological siblings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Step and/or half siblings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 35) What is the family relationship between the child and his/her custodial parents?  
 Check all that apply:  
 \_\_\_ Single parent mother      \_\_\_ Single parent father      \_\_\_ Parents unmarried  
 \_\_\_ Parents married, together      \_\_\_ Parents divorced      \_\_\_ Parents separated  
 \_\_\_ With mother and stepfather      \_\_\_ With father and stepmother  
 \_\_\_ Child adopted      \_\_\_ Other, describe \_\_\_\_\_
- 36) Was there a history or recent occurrence(s) of child abuse to this client? \_\_\_ Yes \_\_\_ No  
 If Yes, which type(s) of abuse? \_\_\_ Verbal \_\_\_ Physical \_\_\_ Sexual  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_

37) Parents' occupations: Mother \_\_\_\_\_ Father \_\_\_\_\_

38) Briefly describe the style of parenting used in the household: \_\_\_\_\_

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

### Developmental History

39) Briefly describe any problems mother's pregnancy and/or childbirth:

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

40) Please fill in when the following developmental milestones took place:

Behavior	Age began	Comments
Walking	_____	_____
Talking	_____	_____
Toilet trained	_____	_____

41) List any drugs used by mother or father at time of conception, or by mother during pregnancy:

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

42) Please rate your opinion of the development milestones (compared to others the same age) in the following areas:

Name person helping with rating \_\_\_\_\_, relationship \_\_\_\_\_

Below	About Average	Above Average	Average
Social	_____	_____	_____
Physical	_____	_____	_____
Language	_____	_____	_____
Intellectual	_____	_____	_____
Emotional	_____	_____	_____

For each type of development that you rated above as *below* average, please describe current areas of concern. Be specific.

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

43) List your child's three greatest strengths:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

44) List your child's three greatest weaknesses or needed areas of improvement:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**Educational History**

45) List their main difficulties at school:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

46) Did your child repeat any grades, receive remediation, or placed in ESE classes. Please indicate \_\_\_\_\_ when.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

47) Briefly describe their friendships: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

48) What report card grades do they usually receive?: \_\_\_\_\_  
Have these changed lately?:  Yes  No If Yes, how?: \_\_\_\_\_

49) Briefly describe their hobbies and interests: \_\_\_\_\_  
\_\_\_\_\_

**Behaviors of Concern**

50) Please check how often the following behaviors occur. Those occurring FREQUENTLY or of special concern may be described on the next page.

- |                                   |                                |                                 |                                    |                                     |
|-----------------------------------|--------------------------------|---------------------------------|------------------------------------|-------------------------------------|
| 1) Loses temper easily            | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 2) Argues with adults             | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 3) Refuses adults' requests       | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 4) Deliberately annoys people     | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 5) Blames others for own mistakes | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 6) Easily annoyed by others       | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 7) Angry/resentful                | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 8) Spiteful/vindictive            | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 9) Defiant                        | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 10) Bullies/teases others         | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 11) Initiates fights              | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 12) Uses a weapon                 | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| 13) Physically cruel to people    | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |



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.