

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 did 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 | ___ Never ___ Rarely ___ Sometimes ___ Frequently |
| 2) Argues with adults | ___ Never ___ Rarely ___ Sometimes ___ Frequently |
| 3) Refuses adults' requests | ___ Never ___ Rarely ___ Sometimes ___ Frequently |
| 4) Deliberately annoys people | ___ Never ___ Rarely ___ Sometimes ___ Frequently |
| 5) Blames others for own mistakes | ___ Never ___ Rarely ___ Sometimes ___ Frequently |
| 6) Easily annoyed by others | ___ Never ___ Rarely ___ Sometimes ___ Frequently |
| 7) Angry/resentful | ___ Never ___ Rarely ___ Sometimes ___ Frequently |
| 8) Spiteful/vindictive | ___ Never ___ Rarely ___ Sometimes ___ Frequently |
| 9) Defiant | ___ Never ___ Rarely ___ Sometimes ___ Frequently |
| 10) Bullies/teases others | ___ Never ___ Rarely ___ Sometimes ___ Frequently |
| 11) Initiates fights | ___ Never ___ Rarely ___ Sometimes ___ Frequently |
| 12) Uses a weapon | ___ Never ___ Rarely ___ Sometimes ___ Frequently |
| 13) Physically cruel to people | ___ Never ___ Rarely ___ Sometimes ___ 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.