Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Parent’s current relationship status (circle one): never married, married, separated, divorced, one parent deceased, both parents deceased, other \_\_\_\_\_\_\_\_\_\_\_\_\_

Who has medical decision making? (circle one): mother, father, both, other: \_\_\_\_\_\_\_\_\_\_\_\_\_

List all individuals currently living in child’s household:

Name Age Relationship

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

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

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

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

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

Were there any physical or medical problems or complications during the mother’s pregnancy or childbirth for this child?

Were there any emotional or mental stresses during the mother’s pregnancy or childbirth for this child?

Did the mother use alcohol or drugs during her pregnancy?

At what age did this child sit up alone\_\_\_\_\_\_, eat solid food\_\_\_\_\_\_, crawl \_\_\_\_\_\_, walk \_\_\_\_\_\_\_, talk \_\_\_\_\_\_

Where there any concerns about this child’s development?

Does this child have parents, grandparents, siblings, aunts or uncles that have a history of (if yes please explain):

1. Alcohol abuse?
2. Drug abuse?
3. Depression?
4. Anxiety?
5. Violence/aggression?
6. Personality disorders?
7. Schizophrenia?
8. Other mental illness?

Child’s educational history:

Preschool \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elementary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle or JR High \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle the highest level of education completed by mother.

 K 1 2 3 4 5 6 7 8 9 10 11 12, college 1 2 3 4 +, Graduate 1 2 3 4 +

Circle the highest level of education completed by father.

 K 1 2 3 4 5 6 7 8 9 10 11 12, college 1 2 3 4 +, Graduate 1 2 3 4 +

Describe this child’s relationship with his/her mother.

Describe this child’s relationship with his/her father.

Describe your usual discipline method:

Does this child have (or had in the past): Please explain

1. Any allergies?
2. Serious medical conditions?
3. Medical procedures?
4. Speech or hearing problems?
5. Vision problems?

Has this child witnessed any deaths, serious accidents, violent behavior or other traumatic events?

What are your concerns about this child?