

Child's Health History

Identifying Information

Child's Name:	Gender:	Race/Ethnicity:
Date of Birth:	Phone:	Address:
Guardian(s) Name(s):	Are guardians married?	Child lives with (names/ages):

Early Development

Complications in pregnancy/delivery?

Was your child born full-term (36-40 weeks gestation)? Did your child require medical intervention upon birth?

Did child meet developmental milestones on time? Comment/Explain.

REFERENCE

Sat: 6 months	Walked alone: 18 months
Crawled: 10 months	Spoke 2-3 word sentences: 24 months
First word: 12 months	Toilet trained: 3.5 years
Stood holding furniture: 12 months	Dressed self alone: 4 years

Five words that describe your child's temperament/personality as an infant/toddler:

Medical/Health Information

Any history of head injury, bodily trauma, or illness? Explain.

My child usually goes to sleep at: _____

My child usually wakes up at: _____

Any sleep problems (e.g., bedwetting, sleepwalking, frequent awakening, difficulty falling/staying asleep, difficulty awakening, nightmares, etc)? If so, explain.

Describe your child's diet. Any history of eating difficulties? Explain.

Describe your child's exercise habits.

Any history of or current vision / hearing problems? Explain.

Current medications/dosages, and name of prescribing doctor:

Past medications:

Any past or present mental health issues in your child's blood relatives (anxiety, depression, alcohol, ADHD, bipolar, schizophrenia, autism, etc)? Who?

Clinical Concerns: THE REASON YOU MADE AN APPOINTMENT FOR YOUR CHILD TO SEE A PSYCHOLOGIST

(Note any aggression, self-harm, anxiety, depression, anger, attention problems, impulsivity, social skills deficits, low self-esteem, fire-setting, animal cruelty, unusual behaviors, unusual thoughts, etc)*

Problem	When did this start?

Has your child seen a mental health provider before? Who/When/Was it helpful?

Social Functioning

Five words that describe home life:

Which problem behaviors occur at home? Comment on frequency/severity.

How do you/parent respond to child's misbehaviors? Is this effective?

Any past/recent major changes in your child's life (e.g., death of family member/pet, move, car accident)?

How many friends does your child have?

Does your child have any problems making/keeping friends?

How often does your child see friends outside of school?

Does your child gravitate toward "good" kids?

Academic/Extracurricular Functioning

Current school:	Previous school(s):
What grade is your child in:	Any history of skipping a grade, or being held back?
Current GPA or grades:	GPA/grades in the past have been:
Teachers' comments/concerns:	Does your child have an IEP/504? What for?

Describe academic problems, barriers to doing well, etc.

Child seems to dislike, do poorly in what classes/subjects

Child seems to like, do well in what classes/subjects?

Extracurricular activities:

Strengths/Interests

Your child's best personality/character features:

Your child's best talents/innate abilities:

Your child's interests/hobbies:

This form was completed by:

Date: