

Case History

Child's Full Name: _____

Parent Information: _____

Address: _____

City/State/Zip _____

Home Phone: _____ Cell: _____

Work Phone: _____

Email Address: _____

Date form is completed: _____

Background

What languages are spoken in your home? _____

School attended? _____

Last grade completed? _____

School Address: _____

Teacher(s): _____

Additional Comments: _____

Medical History

During Pregnancy:

Circle Yes(Y) or No(N) If yes, please describe

Illness?..... Y/N describe: _____

Medication taken?.....Y/N describe: _____

Bleeding?..... Y/N describe: _____

Smoking?.....Y/N describe: _____

Alcohol intake?.....Y/N describe: _____

Weight gained (lbs) _____ length of pregnancy: _____

Labor and Delivery:

Induced?Y/N If yes, please give reason: _____

Length of labor:_____ Anesthesia: Y/N _____

Caesarian Section:Y/N

Newborn:

Cried right away?Y/N Birthweight: _____ Length:_____

Apgar Score(if known):_____

Any Complications? Y/N....If yes, please explain: _____

Mom and baby went home together? Y/N If no, reason? _____

Infancy:

Enjoyed Cuddling:Y/N describe: _____

Fussy/irritable?Y/N describe: _____

More active than other babies? Y/N describe: _____

Additional Comments: _____

Which most accurately describes your child:	Frequently	Sometimes	Almost never	N/A
Gets along with siblings?				

Gets along with other children?				
Behaves with adults?				
Plays or works alone?				

Academic History

For children age 6 and older:

1) My child does not attend school because: _____

2)

Indicate how your child is doing in each subject:	Failing	Below average	Average	Above average
a) Reading, English or Language Arts				
b) History or Social Studies				
c) Arithmetic or Math				
d) Science				
e)				
f)				
g)				

3) Does your child receive special remedial services or attend a special class or school? Y / N
If yes, please describe the kind of services, class, or school.

4) Has your child repeated any grades? Y / N
If yes, please list grade and reason.

5) Has your child had any other problems in school? Y / N
If yes, when did these problems start? Please describe.

List any medications, and doses, taken at present: _____

List dates of any counseling/therapy received related to difficulties:

Family History

Parent 1 Name: _____

Parent 2 Name: _____

Age: _____

Age: _____

Occupation: _____

Occupation: _____

Highest school grade completed: _____

Highest school grade completed: _____

Hand preference: _____

Hand preference: _____

Parents are:

Child lives with

Married..... Y / N

Both parents..... Y / N

Living together..... Y / N

One Parent Y / N

Separated Y / N

Other (specify) _____

Divorced Y / N

Parent 1 deceased..... Y / N

Siblings:

Parent 2 deceased..... .. Y / N

	Name	Age	Hand preference
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1. _____

2. _____

3. _____

Please list any relatives on either side of the family who have had the following diagnoses. Please specify the relationship (e.g. mother, father, sibling, maternal aunt, etc.)

Attention disorders: _____

Behavior problems: _____

Substance abuse problems: _____

Emotional problems: _____

Learning problems (including non-verbal learning disabilities)

Hearing problems (other than related to advanced age)

Autism spectrum disorders: _____

Speech/language problems: _____

Mental retardation: _____

Medical:

Allergies _____

Lead poisoning _____

Other _____

Neurological:

Seizures disorder _____

Tic disorder _____

Other _____