



Where Everyone Has a Voice

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## 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: \_\_\_\_\_

\_\_\_\_\_

## Social Development

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

Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest school grade completed: \_\_\_\_\_

Hand preference: \_\_\_\_\_

Parent 2

Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest school grade completed: \_\_\_\_\_

Hand preference: \_\_\_\_\_

Parents are:

Married..... Y / N

Living together..... Y / N

Separated ..... Y / N

Divorced ..... Y / N

Parent 1 deceased..... Y / N

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

Child lives with

Both parents..... Y / N

One Parent ..... Y / N

Other (specify) \_\_\_\_\_

Siblings:

	Name	Age	Hand preference
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 \_\_\_\_\_