

## CHILD PSYCHOLOGICAL HISTORY

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian Tel: (Cell) \_\_\_\_\_ (work) \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Religion (optional) \_\_\_\_\_

Sex \_\_\_\_\_ Ethnic or racial background \_\_\_\_\_

Grade and school \_\_\_\_\_

Hand child uses for writing or drawing: Right  Left  Switches between them

Primary language \_\_\_\_\_ Secondary language \_\_\_\_\_

Previous diagnosis (1) \_\_\_\_\_

*If any* (2) \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

Briefly describe the problem: \_\_\_\_\_

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

What specific concerns do you have?

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

THIS FORM HAS BEEN COMPLETED BY:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

Phone (C) \_\_\_\_\_ (W) \_\_\_\_\_

# SYMPTOM SURVEY

For each symptom that applies to the child, place a check. Compare the child to other children of the same age. Add any helpful comments next to the item.

## 1) PROBLEM SOLVING

- Difficulty figuring out how to do new things
- Difficulty making decisions
- Difficulty planning ahead
- Difficulty solving problems a younger child can do
- Disorganized in his/her approach to problems
- Difficulty understanding explanations
- Difficulty doing things in the right order (sequencing)
- Difficulty verbally describing the steps involved in doing something
- Difficulty changing a plan or activity in a reasonable period of time
- Is slow to learn new things
- Difficulty switching from one activity to another activity
- Easily frustrated
- Other problem solving difficulties \_\_\_\_\_

## 2) SPEECH, LANGUAGE, AND MATH SKILLS

- Difficulty speaking clearly
- Difficulty finding the right word to say
- Not talking
- Rambles on and on without saying much
- Jumps from topic to topic
- Odd or unusual language or vocal sounds
- Difficulty understanding what others are saying
- Difficulty in writing letters or words
- Difficulty reading letters or words
- Difficulty with spelling
- Difficulty with math
- Other speech, language, or math problems: \_\_\_\_\_

**3) AWARENESS AND CONCENTRATION**

- Easily distracted by:                      Sounds     Sights     Physical sensations
- Mind appears to go blank at times
- Loses train of thought
- Difficulty concentrating on what others say, but can sit in front of a TV for long periods
- Attention starts out OK but can't keep it up
- Other attention or concentration problems: \_\_\_\_\_

**4) MEMORY**

- Forgets where he/she leaves things
- Forgets things that happened recently (e.g., last meal)
- Forgets things that happened days/weeks ago
- Forgets what he/she is supposed to be doing
- Forgets names more than most people do
- Forgets school assignments
- Forgets instructions
- Other memory problems: \_\_\_\_\_

**5) BEHAVIOR**

- |   |  |
|---|--|
| <input type="checkbox"/> Aggressive                     | <input type="checkbox"/> Nervous                               |
| <input type="checkbox"/> Attached to things, not people | <input type="checkbox"/> Nightmares, night terrors, sleepwalks |
| <input type="checkbox"/> Bedwetting                     | <input type="checkbox"/> Quiet                                 |
| <input type="checkbox"/> Bizarre behavior               | <input type="checkbox"/> Resists change                        |
| <input type="checkbox"/> Bowel movement in underwear    | <input type="checkbox"/> Risk-taking                           |
| <input type="checkbox"/> Dependent                      | <input type="checkbox"/> Self-mutilates                        |
| <input type="checkbox"/> Depressed                      | <input type="checkbox"/> Self-stimulates                       |
| <input type="checkbox"/> Eating habits are poor         | <input type="checkbox"/> Shy and withdrawn                     |
| <input type="checkbox"/> Emotional                      | <input type="checkbox"/> Sleeping habits are poor              |
| <input type="checkbox"/> Fearful                        | <input type="checkbox"/> Swears a lot                          |
| <input type="checkbox"/> Immature                       | <input type="checkbox"/> Unmotivated                           |
| <input type="checkbox"/> Other unusual behavior: _____  |  |

Below check all the descriptions of the child that have been present for at least the **past 6 months**. These behaviors should occur more frequently than in other children of the same age.

- |   |   |
|---|---|
| <input type="checkbox"/> Is very fidgety  | <input type="checkbox"/> Steals things without people knowing on several occasions          |
| <input type="checkbox"/> Can't remain seated  | <input type="checkbox"/> Often runs away from his parents' home and stays away overnight    |
| <input type="checkbox"/> Highly distractible  | <input type="checkbox"/> Easily lies to others  |
| <input type="checkbox"/> Can't wait for his/her turn when playing with others                     | <input type="checkbox"/> Fire setting   |
| <input type="checkbox"/> Answers before he/she hears the whole question                           | <input type="checkbox"/> Doesn't go to school   |
| <input type="checkbox"/> Rarely follows others' instructions                                      | <input type="checkbox"/> Breaks into other people's property                                |
| <input type="checkbox"/> Has a hard time concentrating for long periods                           | <input type="checkbox"/> Destroys other people's property in some manner other than by fire |
| <input type="checkbox"/> Goes from one activity to another without finishing anything             | <input type="checkbox"/> Seems like he/she is always talking                                |
| <input type="checkbox"/> Frequently makes noise when playing                                      | <input type="checkbox"/> Is cruel to animals  |
| <input type="checkbox"/> Is often rude or interrupts others                                       | <input type="checkbox"/> Has forcible sexual relations with others                          |
| <input type="checkbox"/> Doesn't listen to other people   | <input type="checkbox"/> Starts fights with others  |
| <input type="checkbox"/> Seems like he/she frequently is losing things that are needed for school | <input type="checkbox"/> Will steal directly from people                                    |

- 6) Overall, the child's symptoms have developed:  Slowly  Quickly
- 7) The symptoms occur:  Occasionally  Often
- 8) Over the past 6 months the symptoms have:  Stayed about the same  Worsened

## PREGNANCY

9) Mother's age at child's birth: \_\_\_\_\_ Father's age at child's birth: \_\_\_\_\_

10) **Before** the pregnancy, what medications (prescribed or over-the-counter) did the mother take?

List all medications used: \_\_\_\_\_

11) **While** pregnant, what medications (prescribed or over-the-counter) did the mother take?

List all medications used: \_\_\_\_\_

12) During the pregnancy, which of the following did the mother use?

	Amount and Daily Frequency
<input type="checkbox"/> Alcohol	_____
<input type="checkbox"/> Caffeine	_____
<input type="checkbox"/> Marijuana	_____
<input type="checkbox"/> Recreational drugs (cocaine, heroin, etc.)	_____
<input type="checkbox"/> Tobacco	_____

13) During the pregnancy, the mother's diet was: Good  Poor

If poor, explain: \_\_\_\_\_

14) The mother's general physical health during the pregnancy was: Good  Poor

If poor, explain: \_\_\_\_\_

15) About how much weight did the mother gain while she was pregnant? \_\_\_\_\_ lbs.

16) During this pregnancy, check all the mother had:

- Accident
- Anemia
- Bleeding (severe or frequent spotting)
- Diabetes
- High blood pressure
- Preeclampsia, eclampsia, or toxemia
- Psychological problems
- Surgery
- Vomiting (severe or frequent)

17) How many pregnancies did the mother have prior to this one?

Number of live births: \_\_\_\_\_

Number of miscarriages: \_\_\_\_\_

## BIRTH

18) Was this child born:

Early  How early? \_\_\_\_\_ weeks

On time  (38-42 weeks)

Late  How late? \_\_\_\_\_ weeks

19) How much did the baby weigh at birth? \_\_\_\_\_ lbs. \_\_\_\_\_ oz or \_\_\_\_\_ gms.

20) How long did the labor last? \_\_\_\_\_

21) The labor was: Easy  Moderately difficult  Very difficult

22) What type of medication was the mother given to help with the delivery?

None  Demerol  Gas  Regional nerve (spinal block)  Tranquilizer  Epidural

23) Were forceps used during delivery? Yes  No

24) Was the baby born:

Head first

Transverse(crosswise)

Posterior first

Breech birth

Caesarean section

Vacuum extraction

Other: \_\_\_\_\_

25) Did the baby experience any of these problems:

Fetal distress

Low placenta (Placenta previa)

Prolapsed cord

Premature separation of placenta (Abrupto placenta)

Cord wrapped around neck

26) Describe any other special problems the mother or child had during delivery:

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

27) At birth, did the baby:

Have difficulty breathing? Yes  No

Fail to cry? Yes  No

Appear inactive? Yes  No

28) List the baby's Apgar scores: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

29) If the father or the mother noticed anything unusual when they first saw the baby, describe:

\_\_\_\_\_  
If the baby was born with any problems (congenital defects, large or small head, blue baby, bleeding in brain, etc, describe: \_\_\_\_\_

Describe any special problems that the baby had in the first few days following birth:

\_\_\_\_\_

Describe any special care, treatment, or equipment the child was given after birth:

\_\_\_\_\_  
How long did the baby stay in the hospital? \_\_\_\_\_

## DEVELOPMENTAL HISTORY

**30)** For each area, indicate the child’s development by circling one description. The “average” period is only a rough idea of what is average since every developmental milestone actually involves a range of several months (e.g. walking occurs approximately 9-18 months of age). Circle “early” or “late” only if you are sure the child’s development was different from that of most other children.

### GROSS MOTOR SKILLS

Crawled	Early	Average (6-9 mos)	Late
Walked alone (2-3 steps)	Early	Average (9-18 mos)	Late

### LANGUAGE

Followed simple commands	Early	Average (12-18 mos)	Late
Used single-word sentences	Early	Average (12-24 mos)	Late

### SELF-HELP

Toilet trained	Early	Average (13-36 mos)	Late
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**31)** Toilet training was:

Easy   
 Difficult

**32)** As an infant or toddler, the child was:

Too calm and inactive   
 Calm and reasonably active   
 Irritable and very active

**33)** As a toddler, the child was:

Shy and inhibited   
 Neither shy nor outgoing   
 Very outgoing and liked people

**34)** Has the child ever been hit hard on the head or suffered a head injury? Yes  No

If yes, what age(s)? \_\_\_\_\_ Did the child lose consciousness? Yes  No

How did it happen? \_\_\_\_\_

What problems did the child have (physical or mental) afterwards?  
 \_\_\_\_\_



**35)** Has the child been diagnosed with seizures or epilepsy? Yes  No   
 If yes, which type? Partial seizure  Generalized seizure  Unclassified type   
 If medication is used, which medication(s)? \_\_\_\_\_  
 Has the child ever had a bad reaction to this medication? Yes  No   
 If yes, describe: \_\_\_\_\_  
 Did the child ever have a seizure due to a fever or unknown cause? Yes  No   
 If yes, describe (age, nature of seizure): \_\_\_\_\_

**36)** Was the child ever in the hospital for an accident, injury or operation? Yes  No   
 If yes, what age(s)? \_\_\_\_\_ What happened? \_\_\_\_\_

**37)** Has the child ever swallowed any poison, non-food, or drug accidentally? Yes  No   
 If yes, what age(s)? \_\_\_\_\_ What happened? \_\_\_\_\_

**38)** Did the child have frequent ear infections? Yes  No   
 If yes, what age(s)? \_\_\_\_\_ How often and severe? \_\_\_\_\_  
 What treatment was provided? \_\_\_\_\_

**39)** List all the medications the child takes now:

Medication	Dosage	How often?	What for?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**40)** What is the child's :  
 Height \_\_\_\_\_ft. \_\_\_\_\_in. Weight: \_\_\_\_\_lbs.

**41)** When was the child's last medical check-up? \_\_\_\_\_

## FAMILY HISTORY

42) The child lives with:

- Biological parent(s) only     Relatives     Foster parents  
 Biological parent and other     Adoptive parents     Institutional care  
 Other placement: \_\_\_\_\_

43) The family's income is:

- under \$10,000     \$10,000-\$29,999     \$30,000-\$50,000     over \$50,000

44) What is the name of the child's biological mother? \_\_\_\_\_

- a. Is she living? Yes  No  If deceased, explain: \_\_\_\_\_  
b. Her age? \_\_\_\_\_  
c. What is her level of education? \_\_\_\_\_  
d. Her occupation? \_\_\_\_\_  
e. Does she live in the same house as the child? Yes  No   
f. How often does she see the child? \_\_\_\_\_  
g. How involved is the mother in the child's upbringing? Very  Somewhat  Not at all   
h. Did the mother have a learning disability or other problems when she was in school?  
Yes  No  If yes, describe: \_\_\_\_\_  
i. What are the mother's hobbies? \_\_\_\_\_

45) What is the name of the child's biological father? \_\_\_\_\_

- a. Is he living? Yes  No  If deceased, explain: \_\_\_\_\_  
b. His age? \_\_\_\_\_  
c. What is his level of education? \_\_\_\_\_  
d. His occupation? \_\_\_\_\_  
e. Does he live in the same house as the child? Yes  No   
f. How often does he see the child? \_\_\_\_\_  
g. How involved is the father in the child's upbringing? Very  Somewhat  Not at all   
h. Did the father have a learning disability or other problems when she was in school?  
Yes  No  If yes, describe: \_\_\_\_\_  
i. What are the father's hobbies? \_\_\_\_\_

46) Please list the names, ages, and grade (or job) of the child's brothers and sister:

Name	Age	Grade or job
_____	_____	_____
_____	_____	_____
_____	_____	_____

47) Has anyone in the child's biological family (including parents, grandparents, siblings, aunts & uncles) ever had any of the following:

	Which relative?	Describe the problem briefly
<input type="checkbox"/> Brain disease	_____	_____
<input type="checkbox"/> Developmental delay	_____	_____
<input type="checkbox"/> Epilepsy or seizures	_____	_____
<input type="checkbox"/> Learning disability	_____	_____
<input type="checkbox"/> Attention problems	_____	_____
<input type="checkbox"/> Neurological disease	_____	_____
<input type="checkbox"/> Psychological problems	_____	_____
<input type="checkbox"/> Reading or spelling difficulties	_____	_____
<input type="checkbox"/> Speech or language problems	_____	_____

48) What languages are spoken in the home? (list in order of the most frequent first)

1) \_\_\_\_\_ 2) \_\_\_\_\_

49) How is the child disciplined? \_\_\_\_\_

50) List the child's usual recreational activities and hobbies: \_\_\_\_\_

51) Have there been any major family stresses or changes in the past year (e.g. moving with change of school, divorce, significant illness, etc)?

Yes  No  If yes, explain: \_\_\_\_\_

How much stress have these changes caused the child? (circle one)

None                      Mild                      Moderate                      Severe

## SCHOOL HISTORY

52) The child's present school is: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact person: \_\_\_\_\_

53) Was the child ever held back to repeat a grade? Yes  No

If yes, which grade? \_\_\_\_\_ Why? \_\_\_\_\_

54) Has the child ever been in a special class or provided with special services (e.g. resource room, EMR, learning disability class, etc.)? Yes  No

If yes, describe the special class: \_\_\_\_\_

Is the child in this class or receiving special services now? Yes  No

55) Does the child like school?  Most of the time  Some of the time  Almost never

56) Does the child:

Have problems with other children in class? Yes  No

Have problems making friends in school? Yes  No

Have problems getting along with teachers? Yes  No

Tend to get sick in the morning before school? Yes  No

57) Describe the teacher's concerns about the child's schoolwork or behavior:

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58) What kind of grades has the child received in the past year?

A's & B's  B's & C's  C's & D's  D's & F's

or Outstanding  Good  Satisfactory  Improvement needed  Unsatisfactory

or Other grading system: \_\_\_\_\_

Are these grades a change from previous years? Yes  No

