FAMILY PSYCHOLOGY ASSOCIATES, P.C.

CHILD SOCIAL & DEVELOPMENTAL HISTORY

(02/05/2007word)

Instructions: Please complete the following information about your child and family. If any questions do not apply to your child, simply write "DNA" (does not apply) in the space provided or leave the space blank. It is best if this form is completed by all parents or primary caretakers. This information will be helpful to your child's doctor or other professionals to better understand your child and your family.

Child's name: _____ *Age:* _____ *DOB:* _____ *Sex:* _____

Address: _____ *City:* _____ *Zip:*_____

School: _____ *Grade:*____ *School Phone:* _____

If your child is in Child Care, name & number of your Child Care Provider: _____

Child's School: _____ Grade: _____ In 504 plan? _____

Special Educational Services (e.g., Chapter 1, Resource Room, Tutoring)_____

Has the school or AEA evaluated child? (yes) (no) if yes – when? _____

Results: _____

Current Teachers_____ _____ _____

Church affiliation: _____ Social involvement: _____

_____

Informant's Name and relationship to child:_____

I. FAMILY COMPOSITION: *Parent/Step-Parent/Guardian Information*

Father: _____Address: _____

City _____ Zip: _____Hm#: _____ Cell _____Wk#_____

Emp: _____ Days/Hours: _____Highest Grade / Degree Completed: _____

Is this child your: ___Biological child, ___adopted child or ___foster child? ____ Other?_____

Mother: _____Address: _____

City:_____ Zip: _____ Hm#: _____ Cell: _____Wk#_____

Emp: _____ Days/Hours: _____Highest Grade / Degree Completed: _____

Is this child your: ___Biological child, ___adopted child or ___foster child? ____ Other?_____

With whom does this child live? _____

Who has legal custody of this child? _____

Other persons living in child's home:

NAME	BIRTH DATE	AGE	EDUCATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. CURRENT CONCERNS:

BEHAVIOR CHARACTERISTICS: *check all that CURRENTLY apply to your child.*

___ Overactive / Fidgety	___ Inattentive	___ Under-active	___ Moody	___ Plays well
___ Accident prone	___ Stubborn	___ Destructive	___ Temper tantrums	___ Leader
___ Rebellious	___ Easily afraid	___ Sensitive	___ Shy	___ Cooperative
___ Excitable	___ Impulsive	___ Cries easily	___ Easily angered	___ Has a conscience

___ Sad / Unhappy ___ Nervous / Worried ___ Follower ___ Mean to children ___ Happy / Cheerful
___ Loner ___ Mean to animals ___ Lying ___ Cheating ___ Age appropriate playmates
___ Stealing ___ Fire setting ___ Moody
___ Nail biting ___ Thumb sucking ___ Tics / Nervous habits

What are you most concerned about regarding your child that has led you to complete this history form? _____

_____

_____

Has there been a recent crisis or loss in your child's life? Explain: _____

_____

III. DEVELOPMENT and MEDICAL INFORMATION:

Pregnancy:

____ Smoking during pregnancy? ____# Cigarettes smoked per day _____ Alcohol consumption during pregnancy.
____ Other drug use during pregnancy? _____

Delivery:

Type of Labor: ___ Spontaneous ___ Induced Duration (hours ___) Delivery: ___ normal ___ Breech ___ Caesarean
Complications: ___ Cord around neck ___ Hemorrhage ___ Infant injured during delivery. Other: _____
Birth weight _____ lbs. _____oz.

Post Delivery Period:

___ normal ___ premature ___ low birth weight ___received oxygen ___meningitis ___ paralysis ___ floppiness
___ low blood sugar ___blood transfusion ___seizures ___ jaundice ___cyanosis (blue) ___incubator care
___ infection specify _____ other _____

Infancy-Toddler Period: Were any of the following present to a significant degree during the first few years of life?

___ Not enjoy cuddling ___ Not calmed by being held or stroked ___ Colic ___ Diminished sleep ___ Difficult to comfort
___ Excessive restlessness ___ Excessively Irritable ___ Frequent head banging ___ Difficulty nursing /bottle
___ Difficulty adjusting to regular food ____ age completed toilet training
Comments: _____

Milestones: At what age did your child: _____sit alone _____Crawl _____Walk without support ____Speak single words

Medical History: *Child's Physician*: _____ phone: _____

Date of last doctor visit: _____ reason for visit: _____
Child's general health is: ___ excellent ___ good ___ fair ___ poor

Has your child:		Comments:
1. Has serious illness since birth?	(yes) (no)	_____
2. Been hospitalized since birth?	(yes) (no)	_____
3. Had convulsions / seizures?	(yes) (no)	_____
4. Had high fever?	(yes) (no)	_____
5. Ever lost consciousness?	(yes) (no)	_____
6. Had an EEG, MRI, CT scan, EKG?	(yes) (no)	_____
7. Had ear infections?	(yes) (no)	_____
8. Had treatment for ear infections with tubes?	(yes) (no)	_____
9. Had a hearing evaluation?	(yes) (no)	_____
10. Had a vision evaluation?	(yes) (no)	_____
11. Any allergies?	(yes) (no)	_____
12. Have a genetic condition?	(yes) (no)	_____
13. Have a chronic health problem?	(yes) (no)	_____
14. Is you child currently taking medication?	(yes) (no)	_____
15. Are your child's immunizations current?	(yes) (no)	_____

Present illnesses for which the child is being treated: _____
_____

Psychotropic medications (stimulants, medications for ADHD, mood, anxiety medications) child has been taking or is currently taking. Include name of medication and dosing. Current medications: _____

_____

Previous medication: _____

_____

Describe any benefit from these medications or adverse effects: _____

_____

_____

Has your child ever received treatment by a mental health professional? If so, who provided this treatment, when and what was the purpose of the treatment? _____

_____

IV. FAMILY INFORMATION & History:

Use the checklists below to describe any family history of psychiatric and learning problems. (in child's parents, grandparents, or siblings)

Aggressiveness / Defiance: (specify who) _____
Difficulties with attention / Hyperactivity as a child: (specify who) _____
Learning problems: (specify who) _____
Failed to graduate from high school: (specify who) _____
Mental retardation: (specify who) _____
Psychosis or Schizophrenia: (specify who) _____
Depression: (specify who) _____
Tics or Tourette's Syndrome: (specify who) _____
Alcohol abuse / Substance abuse: (specify who) _____
Arrests: (specify who) _____
Physical abuse / Sexual abuse: (specify who) _____
Nervous tension problem / anxiety: (specify who) _____
Temper problems: (specify who) _____
Suicide attempts: (specify who) _____
Attention Deficit / Hyperactivity Disorder: (specify who)_____
Hearing loss: (specify who)_____
Vision problems: (specify who)_____
Genetic Disorder: (specify who) _____
Developmental delays: (specify who) _____
Seizure Disorder: (specify who) _____
Antisocial behavior: (specify who) _____

In general, describe your child's performance during elementary school. Go grade by grade, if necessary and list any outstanding strengths or problems.

_____

_____

_____

Describe your child's performance during middle school and high school. Again, go grade by grade, if necessary, and list any outstanding strengths or problems.

_____

_____

_____

Has your child ever repeated a grade? ____ If so, which grade?____ Comments: _____

Indicate if your child's teacher(s) describes any of the following as significant classroom problems.

___ Doesn't sit still in seat.
___ Shouts out.
___ Does not cooperate well in group activities.
___ Does not respect the rights of others.
___ Fails to finish assigned homework.
___ Wets / soils self.
___ Is not sought out by others to play or work together.
___ Frequently gets up and walks around the classroom.
___ Does not wait their turn to be called on.
___ Typically does better in a one to one relationship.
___ Does not pay attention during lessons.
___ Bullies other children.
___ Difficulty transitioning.

Describe any problems your child may have in school with learning. _____

_____

Describe any problems your child may have with homework (e.g. forgets, does not return it to school, etc.) _____

_____

_____

V. CHILD MANAGEMENT TECHNIQUES

Describe any differences or similarities between each of the parent's management style in handling disruptive behavior. _____

_____

_____

_____

Describe what steps you might take to improve your management style in handling disruptive behavior. _____

_____

_____

_____

_____

VI. STRENGTHS AND ACCOMPLISHMENTS

We realize that we have focused largely on problems that your child may be having. However, *we are also quite interested in understanding your child's strengths, talents, skills and accomplishments.* Please use the space below to describe these assets and use additional pages if necessary.

_____

_____

_____

_____