

EDUCATION

Please list **where** your child went to school and describe their experiences. Please include specific institution **names, locations** and **dates/ages** when known. **Also indicate current grade/teacher. BE AS THOROUGH AS POSSIBLE.**

EARLY CHILDCARE: _____

PRESCHOOL/DAYCARE: _____

ELEMENTARY SCHOOL: _____

JUNIOR HIGH SCHOOL: _____

HIGH SCHOOL: _____

GENERAL HEALTH

Has your child previously received any type of mental health services (psychotherapy, psychiatric services, etc.)?

yes no

Previous/current therapist/practitioner: _____

Has your child ever been prescribed psychiatric medication? yes no

Please list: _____

Is your child currently taking any prescription medication? yes no

Please list: _____

Is your child currently taking any over-the-counter medication (vitamins, allergy medication, etc.)? yes no

Please list: _____

How would you rate your child's current physical health? (please select one)

Poor Unsatisfactory Satisfactory Good Excellent

Please list any specific health problems your child is currently experiencing: _____

When was your child's last physical exam? _____

Who is your child's physician? _____

Does your child have any past medical problems? yes no

If yes, please describe: _____

Has he/she had any injuries such as broken bones or head injuries? yes no

If yes, please describe: _____

Does your child have any allergies? yes no

If yes, please describe: _____

Does your child have any problems with vision or hearing? yes no

If yes, please describe: _____

How would you rate your child's current sleeping habits? (please select one)

Poor Unsatisfactory Satisfactory Good Excellent

Please list any specific sleep problems he/she is currently experiencing: _____

Usual Bedtime: _____

How long to fall asleep? _____

Does your child sleep through the night? yes no

If they wake, how long does it take to fall back asleep? _____

Does your child sleepwalk, wet the bed, or have bad dreams? _____

Does your child often take naps? yes no

Does your child have difficulty getting up in the morning? yes no

How many times per week does your child generally exercise? _____

What types of exercise does he/she participate in? _____

Does your child participate in any school organizations (Sports, theater, band, clubs, etc.)? _____

Does your child participate in any organized sports outside of school? (Please list) _____

Does your child participate in any outside organizations (Scouts, clubs, etc.)? _____

Please list any difficulties your child is experiencing with appetite or eating patterns _____

Is your child currently experiencing overwhelming sadness, grief or depression? yes no

If yes, for approximately how long? _____

Is your child currently experiencing anxiety, panic attacks or have any phobias? yes no

If yes, when did they begin experiencing this? _____

Is your child currently experiencing any chronic pain? yes no

If yes, please describe: _____

Does your adolescent child smoke cigarettes, drink alcohol or use drugs? yes no

If yes, please describe: _____

Has your adolescent child had any previous involvement with the police or the courts? yes no

If yes, please describe: _____

What significant life changes or stressful events has your child experienced recently? _____

What prompted you to initiate AD/HD testing for your child? _____

HISTORY

Were there any problems during the pregnancy or birth? yes no

If yes, please elaborate: _____

Was your child born full term, after 9 months of pregnancy? yes no Birth weight: _____

If no, please elaborate: _____

Please describe your child's early sleep patterns as an infant: _____

Do you feel your child developed normally the first two years of life? yes no

What age were the following milestones achieved? Crawled: _____ Walked: _____

Spoke first word: _____ Spoke in phrases: _____ Toilet trained: _____

Remained clean and dry all night: _____ Attended daycare: _____

In the section below identify if there is a family history of any of the following. If yes, please indicate the family member's relationship to your child in the space provided (father, grandmother, uncle, etc.).

<u>Condition</u>			<u>Family member</u>
Alcohol/Substance Abuse	<input type="radio"/> yes	<input type="radio"/> no	_____
Anxiety	<input type="radio"/> yes	<input type="radio"/> no	_____
AD/HD	<input type="radio"/> yes	<input type="radio"/> no	_____
Depression	<input type="radio"/> yes	<input type="radio"/> no	_____
Domestic Violence	<input type="radio"/> yes	<input type="radio"/> no	_____
Eating Disorders	<input type="radio"/> yes	<input type="radio"/> no	_____
Obesity	<input type="radio"/> yes	<input type="radio"/> no	_____
Obsessive Compulsive Disorder	<input type="radio"/> yes	<input type="radio"/> no	_____
Schizophrenia	<input type="radio"/> yes	<input type="radio"/> no	_____
Suicide Attempts	<input type="radio"/> yes	<input type="radio"/> no	_____

Please respond regarding your child's behavior:

- Deliberately annoys people yes no
- Blames others for his/her mistakes or misbehavior yes no
- Is angry or resentful yes no
- Is spiteful or vindictive yes no
- Asks continuous questions yes no
- Often bullies, threatens, or intimidates others yes no
- Often initiates physical fights yes no
- Used a weapon that can cause serious physical harm to others (e.g. bat, brick, knife, gun) yes no
- Has been physically cruel to people yes no
- Has been physically cruel to animals yes no
- Has stolen while confronting a victim (e.g. mugging, purse snatching, extortion) yes no
- Has forced someone into sexual activity yes no
- Has deliberately engaged in fire setting with the intention of causing serious damage yes no
- Has deliberately destroyed others property yes no
- Has broken into someone else's house, building, or car yes no
- Often lies to obtain goods or favors, or to avoid obligations yes no
- Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, forgery) yes no
- Often stays out at night despite parental prohibitions yes no
- Has run away from home overnight at least twice yes no
- Is often truant from school yes no

Parent signature _____

Date _____