**CHILD:**

Age:

Birthday:

Birth city:

PARENTS

Names:

Ages:

Occupations:

Highest Grade Complete:

Primary Language:

Secondary Language:

Other parent/stepparent:

How long have you lived here in current residence?

If you are away, with whom does child stay?

How many hours a day is child in child care setting?

Is child closer to one parent than the other? (explain)

Sibling information: (age, gender, relationship to child) do they get along?

Type of residence:

FAMILY RELATIONS

Activities you do as family: (movies, games, meals, sports, conversations, trips, family visits, and television, church, other)

How often does child see their grandparents?

What do you enjoy most about your child?

What do you see as your biggest challenge?

What do you see for their future…job etc?

What level of Education do you wish for your child to complete?

Who is mainly in charge of discipline at home?

Do all caregivers agree on discipline?

What are your disciplinary techniques?

PREGNANCY

Was child planned?

Were you under a doctor’s care?

Number of previous pregnancies/miscarriages:

Any complications during pregnancy?

Illness, medications (mother)?

Any use of alcohol, tobacco and/or drugs during pregnancy (mother and father)?

BIRTH

Your ages (parents) at child’s birth?

What age was mother at birth of 1st child?

Was child born at a hospital (which one)?

Length of Pregnancy in Weeks:

Birth Weight:

Length of Labor:

Child’s condition at birth:

Mother’s condition at birth:

Any complications:

Was anesthesia used during delivery?

Length of stay in Hospital:

DEVELOPMENT

At what age did child first…

Turn over\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sit alone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Crawl\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stand alone\_\_\_\_\_\_\_\_\_\_\_\_

Walk alone\_\_\_\_\_\_\_\_\_\_\_\_

Walk up stairs\_\_\_\_\_\_\_\_\_\_

Show interest in or attraction to sound\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Understand first words\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speak first words\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speak in sentences\_\_\_\_\_\_\_\_\_\_\_\_\_

Was child breast-fed or bottle fed?

When was child weaned?

When was child toilet trained? Days? Nights?

Did bed wetting occur after toilet training? If yes, until what age and were there medical reasons?

Has child experienced any of the following (if yes, please explain)?

Walking difficulty

Unclear speech

Feeding problems

Underweight

Overweight

Colic

Sleeping

Eating

Difficulty learning to ride bike

Difficulty learning to skip

Difficulty learning to throw or catch

During the child’s first 4 years, were any special problems noted in the following areas (if yes, please explain)?

Eating

Motor skills

Sleeping too much

Temper tantrums

Sleeping too little

Failure to thrive

Separating from parents

Excessive crying

Which hand does child use for…

Writing and drawing? \_\_\_\_

Eating? \_\_\_\_\_\_\_\_

Other (throwing etc.)\_\_\_\_\_\_\_

Was child ever forced to change his writing hand?

MEDICAL HISTORY

Any problems in the following areas (if yes, please explain)?

Childhood illness/injuries

Respiratory

Cardiovascular

Gastrointestinal

Genitourinary (kidneys/urinary)

Musculoskeletal

Skin

Neurological

Allergies

Speech

Hearing

Vision

MEDICAL CARE

How often does child see the doctor (any specialty doctors)?

Date of last visit (type of doc)?

Is child currently on medication? (type and reason)

Has child ever been physically or sexually abused?

Ever had psychological counseling or therapy?

Ever had a neurological, psychological or psychiatric exam?

FAMILY HEALTH

Anyone in immediate family have health issues (describe)

Describe Parent’s current health

FRIENDSHIPS (explain responses if questions are answered with yes)

Does the child have problems relating to or playing with other children?

Does the child fight frequently with playmates?

Does the child prefer to play with younger children?

Does the child have difficulty making friends?

Does the child prefer to play alone?

Are there children in the neighborhood with whom the child could play?

What role does the child take in peer group games?

RECREATION INTERESTS

What sports does he enjoy?

Activities other that sports?

Hobbies?

BEHAVIOR TEMPERAMENT (please explain responses if answer is yes)

Is he easily over-stimulated in play?

Does he have a short attention span?

Does he lack self-control?

Does he seem unhappy most of the time?

Does he withhold affection?

Does he hide feelings?

Does he have fears?

Does he seem overly energetic in play?

Does he seem impulsive?

Does he overreact when faced with a problem?

Does he seem uncomfortable when meeting new people?

Does he require a lot of parental attention?

Does he have difficulty calming down?

What things make him angry?

ADDITIONAL COMMENTS: