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INITIAL HISTORY FOR DEPENDENT, 18 YEARS +

Name of Patient: ______________________ Date of Birth: __________

Address: ______________________

Phone: ______________________

Person filling out this form: ______________________

Who referred you? ______________________

Presenting problem(s)/concerns

Other issues/concerns

Goals of this consultation

What are your child's strengths?

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Psy14261

DEVELOPMENTAL HISTORY

1. Mother's health during pregnancy

a. Planned pregnancy? Y / N Wanted? Y / N

b. Mother's age when child was born

c. medications/ alcohol/ caffeine / tobacco

2. Delivery

a. gestational age (# of weeks of pregnancy at which child was born)

b. duration of labor medications during labor

d. fetal distress? APGAR scores at 1 minute? At 5 minutes?

e. baby's presentation (normal, use of forceps, vacuum)

f. birth weight

3. Baby's health

a. complications following birth time in NICU?

b. feeding problems

c. colic

e. health problems in infancy jaundice?

f. easy or difficult baby (schedule/ crying)

g. degree of sociability? activity level?

4. Milestones - the age at which your child:

smiled sat without support crawled walked

spoke first words (other than mama/ dada) phrases/ sentences

What was your child's first language?

- other languages? Which ones and when learned?

Age of toilet training: bladder= bowel= Level of difficulty

5. Health Physician:______________________________

Date of last comprehensive physical exam __________

a. overall health

b. hearing and vision Is (s)he colorblind?

When was your child's last vision test? Who administered it?

c. fine motor coordination (writing/tying)

Does your child type/touch type?

d. gross motor coordination (running/walking/sports)

Is your child clumsy? Accident prone?

d. childhood illnesses/treatment

f. frequency/intensity of ear infections? strep throat?

g. high fevers/seizures/loss of consciousness/stitches/broken bones/poisoning/head injury

h. puberty status (girls age at first menses; boys voice change)

i. surgery general anesthesia for any other reason?

j. alcohol or drug use

k. sleeping problems? Snoring? Where does your child sleep?

l. medications (past and present)

m. Is/Was your child have hypersensitive to tactile sensations (mud, clothing labels, wool clothes, sock seams), light, sound?

n. appetite control problems? What does s/he eat?

Current height Current weight

7. School history of child (academic, social, performance. Include school names)

a. preschool - ______________________________

b. elementary school - ______________________

c. junior high school - ______________________

d. high-school - ___________________________

d. college - ______________________________

e. tutors/educational therapists – Who? When? For what subjects?

f. Special education accommodations

Past:

Current:

Desired:

8. Family constellation and quality of relationships

Parents are Married/Divorced/Separated/Widowed

Length of relationship   Quality?   Ever separated?

Previous marriages

Other children? How many? What ages?

Relationship between child in question and his/her siblings

Disciplinary practices and their effectiveness

Atmosphere of the childhood home

9. Social functioning

How's your child's social life?

How does your child prefer to spend his/her days?

9 Psychiatric history of child

a. psychotherapy – when and with whom?

b. traumas or major events in your child's life.

c. Psychiatric hospitalizations – when and where?

10. Parents' educational achievements

Mother:

Father:

Parents' type of work?

11. Handedness (left, right or ambidextrous)

of child? at what age did emerge? of siblings? of father? of mother?

father's parents and siblings? mother's parents and siblings?

11. Extended family medical history:

12. Extended family psychiatric history - any **close relatives** have:

a. aggression problems

b. attention problems

c. learning disabilities

e. psychosis

f. Physical/sexual abuse

g. substance-abuse

h. tics

i. depression

j. anxiety

k. mental retardation

l. obsessive thoughts

m. compulsive behaviors

n. bipolar disorder ("manic depression")

o. genetic disorder

p. autism/Asperger's Disorder

13. Supplementary information – anything else you want to include