

Demographic Information (Child)

Child's Name: _____ Today's Date: _____
 Child's Date of Birth: ____/____/____
 Child lives with: mother___ father___ both___ neither___
 How did you hear about us? _____

Mother's Name: _____ Date of Birth _____
 Address: _____
 Phone: (home) _____ (work) _____ (email) _____
 Mother's Occupation: _____

Father's Name: _____ Date of Birth _____
 Address (if different) _____
 Phone (home) _____ (work) _____
 Father's Occupation: _____ (email) _____

Please list the child's siblings:

Name _____	Date of Birth _____	bro/sis (circle one)	Live in the home? Y N
Name _____	Date of Birth _____	bro/sis (circle one)	Live in the home? Y N
Name _____	Date of Birth _____	bro/sis (circle one)	Live in the home? Y N
Name _____	Date of Birth _____	bro/sis (circle one)	Live in the home? Y N

PRESENTING PROBLEM

Briefly describe the current problem (as seen by parents, school, child): _____

If your child **currently** takes prescription medication, please list it here:

name of medication	dosage	time	meds for what reason?
name of medication	dosage	time	meds for what reason?

Does your child have allergies? ___Yes ___No. If yes, what is s/he allergic to?



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Child's Current Pediatrician/Primary Care Physician: _____
Name

Address _____ Phone Number _____

If there is anyone else living in your home, please list them here:

Person's Name	Age	Relationship

Have you, your child, or your family ever received services from the State Department for Children, Youth, and Families (DCYF)? ___ Yes ___ No ___ Unsure

Please indicate with a check any of the following medications your child may have been prescribed:

- Abilify ___ when and who prescribed it? _____
- Adderall/Metadate (circle) ___ when and who prescribed it? _____
- Daytrana --- when and who prescribed it? _____
- Buspar ___ when and who prescribed it? _____
- Celexa ___ when and who prescribed it? _____
- Depakote ___ when and who prescribed it? _____
- Dexedrine/Methylin or Dextrostat (circle) ___ when and who prescribed ? _____
- Effexor ___ when and who prescribed it? _____
- Lamictal ___ when and who prescribed it? _____
- Lithium ___ when and who prescribed it? _____
- Luvox ___ when and who prescribed it? _____
- Paxil ___ when and who prescribed it? _____
- Prozac ___ when and who prescribed it? _____
- Remeron ___ when and who prescribed it? _____
- Ritalin/Concerta (circle) ___ when and who prescribed it? _____
- Risperdal ___ when and who prescribed it? _____
- Seroquel ___ when and who prescribed it? _____
- Strattera ___ when and who prescribed it? _____
- Tenex/Clonidine/Intuniv (circle) ___ when and who prescribed it? _____
- Trileptal ___ when and who prescribed it? _____
- Wellbutrin ___ when and who prescribed it? _____
- Zoloft ___ when and who prescribed it? _____
- Zyprexa ___ when and who prescribed it? _____
- Other medications: _____ when and who prescribed it? _____

medication name

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Please indicate with a \checkmark which of the following your child has participated in:

- Individual counseling (Where/with whom? _____ Date(s)? _____)
- Group counseling (Where/with whom? _____ Date(s)? _____)
- Family counseling (Where/with whom? _____ Date(s)? _____)
- Psychiatric Hospitalization (Where? _____ Date(s)? _____)
- Out-of-home placement (Where? _____ Date(s)? _____)
- Psychiatric Services (Where/with whom? _____ Date(s)? _____)
- Psychological Evaluations (With whom and when?) _____

Developmental History

1. How was the mother's health during pregnancy with this child?
 Good Fair Poor Don't Know

2. Was this a planned pregnancy? Yes No

3. How old was the mother when this child was born? _____

4. Which of the following did the mother use during this pregnancy?
 - A. Beer, wine, other alcohol
 Never Once or twice 3-9 times 10-19 times
 20-39 times Over 40 times

 - B. Coffee or other caffeine (cola, etc.)
 Never Once or twice 3-9 times 10-19 times
 20-39 times Over 40 times

 - C. Cigarettes/tobacco
 Never Once or twice 3-9 times 10-19 times
 20-39 times Over 40 times

 - D. Which of the following were used during pregnancy?
 Valium, Librium, Xanax
 Tranquilizers
 Anti-seizure medication (e.g. Dilantin)
 Insulin
 Antibiotics
 Marijuana
 Cocaine
 Other (please specify) _____

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5. How long was the pregnancy?
 ___ Child was born to term Child was born ___ weeks early/late (circle)
6. How long was labor? _____ hours
7. Were you given any medication to ease the pain during labor? ___ Yes ___ No
 If yes, what medication? _____
8. Were there indications of fetal distress during labor or birth? ___ Yes ___ No
9. Delivery was: ___ Normal ___ Breech ___ Caesarian ___ Forceps ___ Induced
10. What was the child's birth weight? _____ pounds _____ ounces
11. Were there any health complications following birth? ___ Yes ___ No
 If yes, please list here: _____

12. Observed Behavior in Infancy/Toddlerhood (birth through age 2)

- | | | |
|---|---|--|
| <input type="checkbox"/> Milk allergies | <input type="checkbox"/> Overactive | <input type="checkbox"/> Overly sensitive to sounds |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Trouble sleeping | <input type="checkbox"/> Overly sensitive to touch |
| <input type="checkbox"/> Colic | <input type="checkbox"/> Irritable | <input type="checkbox"/> Easily frustrated/fussy |
| <input type="checkbox"/> Not cuddly | <input type="checkbox"/> Lethargic | <input type="checkbox"/> Upset in new situations/shy |
| <input type="checkbox"/> Cried often | <input type="checkbox"/> Uncomfortable with strangers | <input type="checkbox"/> Friendly |
| <input type="checkbox"/> Fussy eater | <input type="checkbox"/> Slow to explore | <input type="checkbox"/> Other (describe): |

13. Any health problems as an infant? ___ Yes ___ No
 If yes, please specify: _____

14. How would you rate the activity level of the child as an infant/toddler?
 ___ Very active ___ Active ___ Average ___ Less active ___ Inactive

DEVELOPMENTAL MILESTONES

15. At what age did s/he sit up?
 ___ months ___ Don't Know
16. At what age did s/he crawl?
 ___ months ___ Don't Know
17. At what age did s/he walk?
 ___ months ___ years ___ Don't know

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18. At what age did s/he speak single words (other than "mama" or "dada")?
 9-13 mos. 14-18 mos. 19-24 mos. 25-36 mos. 37-48 mos.
19. At what age did s/he string two or more words together?
 9-13 mos. 14-18 mos. 19-24 mos. 25-36 mos. 37-48 mos.
20. At what age was s/he toilet trained (bladder control)?
 Under 1 year 1-2 years 2-3 years 3-4 years Still isn't
21. At what age was s/he toilet trained (bowel control)?
 Under 1 year 1-2 years 2-3 years 3-4 years Still isn't
22. Roughly how long did toilet training take from start to finish?
 less than 1 month 1-2 months 2-3 months more than 3 months

23. Observed Behavior as a Preschooler (ages 2-5)

Check off any **concerns** at home or in preschool in the following areas:

- | | |
|---|---|
| <input type="checkbox"/> Social (getting along with others) | <input type="checkbox"/> Emotional (getting easily upset or anxious) |
| <input type="checkbox"/> Physical (having gross- or fine-motor concerns) | <input type="checkbox"/> Attention (being able to listen and follow directions) |
| <input type="checkbox"/> Language (understanding and expressing self; learning letters and numbers) | <input type="checkbox"/> Activity (being able to sit still and play) |
| | <input type="checkbox"/> Adaptability (adjusting to changes in routine) |

Describe concerns:

MEDICAL HISTORY

24. How would you describe his/her CURRENT overall health?
 Excellent Average Poor
25. How is his/her hearing? Good Fair Poor
26. How is his/her vision? Good Fair Poor
27. How is his/her coordination? Good Fair Poor
28. Does s/he have any chronic health problems (e.g., asthma, diabetes, heart condition, etc.)? Yes No
- If yes, please explain: _____

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- 28a. When was this chronic illness first noticed?
 Birth 0-1 year 1-2 years 2-3 years 3-4 years over 4 yrs
29. How is his/her speech articulation (words are understandable)?
 Good Fair Poor
30. Please indicate your child's age when s/he may have experienced the following:
 Mumps Chicken pox Measles Whooping Cough
 Scarlet fever Pneumonia Encephalitis Seizures
 Lead Poisoning Frequent Ear Infections Hepatitis
 Frequent High Fevers Strep Infection Other: _____
31. Please indicate your child's age when s/he may have experienced the following
 broken bones severe lacerations (cuts) head injury
 severe bruises stomach pumped eye injury lost teeth
 suture (stitches)
32. Please indicate your child's age when s/he may have had problems with the following
 tonsils adenoids hernia appendix eye ear
 nose throat stomach intestine urinary tract
 leg arm heart burns other (specify): _____
33. Do you suspect that your child has ever used drugs or alcohol? yes no possibly
34. Has your child ever been physically harmed by an adult? yes no possibly
35. Has your child ever been sexually harmed? yes no possibly
36. Does your child have any sleeping problems?
 None Difficulty falling asleep awakens during the night nightmares
 early morning awakening difficulty awakening restless sleeper
37. Does the child have bladder control problems? Yes No
If yes, is it during the day or night? How many times per week? _____
38. Does the child have bowel control problems? Yes No
If yes, is it during the day or night? How many times per week? _____
39. Does the child have any appetite problems?
 Overeats Average Very picky eater Undereats

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SCHOOL HISTORY

DAY CARE NAME:

DATES ATTENDED:

How Many Hours Per Day?

Please describe any behavioral or academic issues or concerns:

PRE-SCHOOL NAME:

DATES ATTENDED:

Please describe any behavioral or academic issues or concerns:

KINDERGARTEN NAME:

DATES ATTENDED:

Please describe any behavioral or academic issues or concerns:

GRADES 1-2

SCHOOL:

DATES ATTENDED:

Please describe any behavioral or academic issues or concerns:

GRADES 3-4

SCHOOL:

DATES ATTENDED:

Please describe any behavioral or academic issues or concerns:

GRADES 5-6

SCHOOL:

DATES ATTENDED:

Please describe any behavioral or academic issues or concerns:

GRADES 7-9

SCHOOL:

DATES ATTENDED:

Please describe any behavioral or academic issues or concerns:

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GRADES 9-12
SCHOOL:
DATES ATTENDED:
Please describe any behavioral or academic issues or concerns:

40. Place a check next to any educational problem that the child currently exhibits:

- | | |
|--|---|
| <input type="checkbox"/> Difficulty with reading | <input type="checkbox"/> Problems completing class work |
| <input type="checkbox"/> Difficulty with spelling | <input type="checkbox"/> Problems completing homework |
| <input type="checkbox"/> Difficulty with arithmetic | <input type="checkbox"/> Difficulty with peers |
| <input type="checkbox"/> Difficulty with writing | |
| <input type="checkbox"/> Behavior/conduct problems (describe): | |

Poor attendance (describe): _____

What subjects does the child enjoy in school?

What subjects does the child dislike in school?

What grades (e.g., A, B) does the child generally receive in school?

Have there been any *changes* in the child's grades? Yes ___ No ___ If yes, please describe:

41. Please indicate with a \checkmark which of the following services your child has received in school:

Resource support Self-contained classroom IEP 504 Plan
 Speech/language therapy Occupational therapy Physical therapy
 Other (specify): _____

42. Has the child ever been (indicate **y** or **n**):

suspended from school (how many times?) _____
 expelled from school (how many times?) _____
 held back a year (how many times?) _____

SOCIAL HISTORY

43. How does the child get along with brothers and sisters?
 better than average average worse than average has none

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44. How easily does the child make friends?
 Very Easily Average Worse than average Don't Know
45. On the average, how long does your child *keep* friendships?
 less than 6 months 6-12 mos more than 12 months don't know
46. Does your child prefer friendships with:
 children younger than s/he is same-age children older children
47. How does your child occupy his/her free time? (check all that apply)
 TV play outside alone play inside alone time with friends video games alone
 computer use sports teams reading hobbies scouts, 4H, etc.
 drawing/art texting Skype other (explain below)
-

CURRENT BEHAVIORAL CONCERNS

48. My child shows his/her *best* behavior when with (check all that apply):
 mother father grandparents school staff other adult
49. On the average, how often does your child *immediately* follow your directions?
 never occasionally often almost all the time always
50. On the average, how often does your child *eventually* follow your directions?
 never occasionally often almost all the time always
51. To what extent are you and your spouse consistent with respect to discipline?
 never sometimes most of the time always
52. How would you describe the discipline/behavior management approach of your parents? (check all that apply)
 my parents were *very* permissive; I pretty much did what I wanted when I was a child
 my parents set limits with me, but were not consistent in enforcing them
 my parents used a good balance of punishment and reward with me as a child
 my parents used punishment as the primary mode of discipline in our house
 my parents used punishment as the only mode of discipline in our house
 my parents used spanking as one way to enforce rules

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53. How would you describe your discipline/behavior management approach with your child? (check all that apply)

- I am *very* permissive; my child pretty much does what he wants
- I set limits with my child, but I am not consistent in enforcing them
- I use a good balance of punishment and reward with my child
- I use punishment as the primary mode of discipline in our house
- I use punishment as the only mode of discipline in our house
- I use spanking as one way to enforce rules

54. To help with my child's behavior at home, I use:

- behavior charts chore charts Time out Grounding
- Loss of TV/computer/video games Allowance Time in room
- Loss of dessert Small prizes/toys to motivate Other (please describe below)

55. Please indicate with a \checkmark which of the following stressors have occurred in the child's immediate family within the past 12 months:

- parents' separation/divorce family accident or illness
- death in family parent changed job changed schools
- move to a new home family money problems new baby
- physical abuse in family sexual abuse in family
- other stressor (specify): _____

55. Which of the following do you currently consider as behavioral problems for this child (please \checkmark *all* that apply):

- fidgets
- difficulty remaining seated
- easily distracted
- difficulty awaiting turn
- often blurts out answers before questions have been completed
- difficulty following instructions
- difficulty sustaining attention
- shifts quickly from one activity to another
- difficulty playing quietly
- often talks excessively
- often interrupts or intrudes on others
- often does not listen
- often loses things
- often engages in physically dangerous activities

At what age did these problems begin? _____

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56. Which of the following do you currently consider as behavioral problems for this child (please ✓ all that apply):

- often loses temper
- often argues with adults
- often actively defies or refuses adult requests or rules
- often *deliberately* does things that annoy other people
- often blames others for his/her own mistakes
- is often touchy or easily annoyed by others
- is often angry or resentful
- is often spiteful or vindictive
- often swears or uses obscene language

At what age did these problems begin? _____

57. Which of the following do you currently consider as behavioral problems for this child (please ✓ all that apply):

- steals *without* confronting the victim
- has run away from home overnight *at least twice*
- lies often (numerous times per day)
- deliberate fire-setting
- often truant (refuses to attend school)
- breaking and entering
- destroys others' property *intentionally*
- cruel to animals
- forced someone into sexual activity
- used a weapon in a fight
- often starts physical fights
- steals *while* confronting the victim
- physically cruel to people

At what age did these problems begin? _____

58. Which of the following do you currently consider as behavioral problems for this child (please ✓ all that apply):

- loose thinking (e.g., tangential ideas, irrelevant speech). Explain _____
- bizarre ideas (e.g., odd fascinations, delusions, hallucinations)
- disoriented, confused, staring, or "spacey"
- incoherent speech (mumbles, nonsense words)

At what age did these problems begin? _____

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59. Which of the following do you currently consider as behavioral problems for this child (please \checkmark all that apply):

- unrealistic* and *persistent* worry about possible harm to caretakers
- unrealistic* and *persistent* worry that a calamity will separate the child from the caretaker
- persistent* school refusal
- persistent* refusal to sleep alone
- persistent* avoidance of being alone
- repeated nightmares about being separated or alone
- persistent* complaints about physical aches and pains
- excessive* distress in anticipation about separation from caretaker(s)
- excessive* distress when separated from caretaker(s)

At what age did these problems begin? _____

60. Which of the following do you currently consider as behavioral problems for this child (please \checkmark all that apply):

- unrealistic* worry about future events
- unrealistic* concern about the appropriateness of past behavior
- unrealistic* concern about his/her competence
- frequent* complaints about physical aches and pains
- significant self-consciousness
- excessive* need for reassurance
- significant* inability to relax

At what age did these problems begin? _____

61. Which of the following do you currently consider as behavioral problems for this child (please \checkmark all that apply):

- depressed or irritable mood most of the day *for the past year*
- decreased pleasure in activities
- changes in appetite (increase *or* decrease)
- changes in sleep patterns (can't sleep or sleeps too much)
- changes in motor activity (increase or decrease)
- fatigue or loss of energy
- feelings of worthlessness or *excessive* inappropriate guilt
- decreased ability to concentrate
- suicidal thoughts or attempt

At what age did these problems begin? _____

62. Has the child exhibited any of the behaviors listed below? (\checkmark all that apply):

- stereotyped mannerisms (repeating behaviors) Explain _____

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- odd postures
- over-reacts to noise or fails to react to loud noises
- over-reacts to being touched
- compulsive behaviors (must perform *specific* sequence of behaviors) Explain _____
- motor (movement) tics
- vocal (voice) tics

At what age did these problems begin? _____

63. Has the child exhibited any of the behaviors listed below? (✓ all that apply):

- excessive and rapid changes in mood in the same setting (mood swings)
- explosive temper with minimal provocation
- self-mutilation (hurting or cutting self intentionally)
- excessive clinging, attachment, or dependence on adults
- unusual fears
- strange aversions (avoids seemingly harmless people, places, things or events)
- panic attacks
- excessively bland or constricted (held in) emotions
- inappropriate emotions for the situation

At what age did these problems begin? _____

64. Has the child exhibited any of the behaviors listed below (✓ all that apply):

- little or no interest in other children
- significantly indiscreet remarks (says inappropriate things loudly in public)
- starts or ends interactions with others inappropriately
- abnormal social behavior
- over-reacts to changes in regular routine
- abnormalities in speech
- impairment in the use of non-verbal behaviors such as eye-to-eye gaze, facial expressions, body postures, etc.
- pre-occupation with one or more patterns of interest that is abnormal in its intensity or focus
- repetitive motor behaviors (such as finger or hand-flapping or twisting)
- persistent pre-occupation with parts of an object

At what age did these problems begin? _____

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65) Has your child experienced any of the following? (please indicate with a check)

- death of someone close witnessed a serious accident/injury
 victim of a serious accident/injury witnessed domestic violence
 experienced a natural disaster loss (not death) of someone close
 other traumatic/scary event (specify) _____

FAMILY HISTORY

66. How long have the child's parents been married to each other? _____ years

- never were married separated divorced widowed
_____ Date (month/year) married _____ Date (month/year) separated/divorced

67. Are you currently married to the child's other parent? yes no
If not, does the child see the other parent regularly? yes no

What is the usual visitation schedule? _____

68. How is your current marriage/relationship?

- no problems average some significant problems very unstable

68A. If either parent was previously married or has children from a different relationship, please explain below: _____

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69. Please indicate (with a \checkmark) whether the child's mother, father, or member of the mother or father's *extended* family, exhibited any of the following conditions.

	Mother	Father	Child's Sister	Child's Brother	Mother's Family	Father's Family
Attention Deficit Disorder						
Alcohol Abuse						
Autism, Aspergers, or Pervasive Dev. Disorder						
Substance Abuse						
Depression						
Schizophrenia						
Domestic Violence (Victim)						
Domestic Violence (Perpetrator)						
Sexual Harm (Victim)						
Sexual Harm (Perpetrator)						
Physical Harm (Victim)						
Anxiety or Obsessions/Compulsions						
Physical Harm (Perpetrator)						
Suicide Attempts						
Psychiatric Hospitalization						
Bi-polar (manic-depressive) disorder						
Eating Disorders (anorexia or bulimia)						
Post Traumatic Stress Disorder						
Learning Disability or Dyslexia						
Other (please describe)						

70. How much TV is your child allowed to watch each day? Up to _____ hours

71. Do you watch TV with your child? ___ Yes ___ No

72. Does your child have a TV in his/her room? ___ Yes ___ No

73. Is your child allowed to play video/computer games with violent content?
___ Yes ___ No

74. How many hours is your child allowed to play video games each day? _____ hours

75. If you have on-line computer access at home, do you use "blocking" software that prevents your child from visiting inappropriate web sites?
___ Yes ___ No ___ Not Applicable

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76. Which of the following ratings for movies/videos do you allow your child to watch?
(Check all that apply): G PG PG-13 R NC-17
77. Do you set limits on the type of music your child listens to? Yes No
78. How much time does your child spend reading at home (or being read to) each day? _____ hours
79. Does anyone in your house smoke? Yes No
-

Please circle the number below which best describes your child's overall functioning at the present time:

1-----2-----3-----4-----5-----6-----7-----8-----9-----10
Very Major Minor Pretty Very Excellent
Severe Problems Problems Good Good

Thank you for completing this form. This will help us to understand your child's history and how it may be affecting his/her current behavioral or emotional functioning.

Please remember to bring us copies (or originals, we will make copies) of any previous evaluations or assessments your child has participated in, that you think might be helpful to our understanding of your child's background and needs.