

CHILD HISTORY QUESTIONNAIRE

Client Name: _____

PLEASE COMPLETE THIS FORM AND RETURN AS SOON AS POSSIBLE

Information completed by: _____ Date: _____

Child's Name _____ Date of Birth _____ Sex _____

Home Address _____

Home Telephone _____

Child's School _____ Grade _____

NAME

ADDRESS

Teacher's Name _____

Ethnic Group(s): White _____ Black _____ Hispanic _____ Asian American _____ Other _____

Religion: _____

Child Lives With: Natural Mother _____ Natural Father _____ Stepmother _____ Stepfather _____

Adoptive Mother _____ Adoptive Father _____ Foster Mother _____

Foster Father _____ Other (please specify) _____

Who has legal custody of the child? _____

If either parent is not in the home, where does he/she live? _____

Frequency of visits with child _____

If both parents are employed, who cares for child in their absence?

Give a brief summary of your main concerns about your child.

When did these problems begin?

Describe any stress which your family is currently experiencing.

PEER RELATIONSHIPS

Does your child seek friendships with peers? _____ Is your child sought by peers? _____

Does your child play primarily with children his/her own age? _____

Younger _____

Older _____

Briefly describe any problems your child may have with peers. _____

SIBLINGS

Give the following information about your child's siblings.

Name	Grade or Occupation	Sex	Age	Living at Home?

Describe any medical, social, or academic problems of any sibling.

Name _____	Problem _____
_____	_____
_____	_____
_____	_____

FAMILY HISTORY – MOTHER

Present age: _____

School: Highest grade completed _____ Grade(s) repeated _____

Learning problems _____ Behavior problems _____

Medical problems (specify) _____

Have you or any of your blood relatives ever had problems similar to those of your child? _____

If so, describe _____

Has any family member had problems with:

Alcoholism _____ Short Attention Span _____ Drug Abuse _____

Hyperactivity _____ Depression _____

Impulsive Behavior _____ Mental Illness _____

FAMILY HISTORY – FATHER

Present age: _____

School: Highest grade completed _____ Grade(s) repeated _____

Learning problems _____ Behavior problems _____

Medical problems (specify) _____

Have you or any of your blood relatives ever had problems similar to those of your child? _____

If so, describe _____

Has any family member had problems with:

Alcoholism _____ Short Attention Span _____ Drug Abuse _____

Hyperactivity _____ Depression _____

Impulsive Behavior _____ Mental Illness _____

INFANCY – TODDLER PERIOD

Were any of the following present to a significant degree during the first few years of life?

If so, please describe.

Did not enjoy cuddling _____

Was not calmed by being held and/or stroked _____

Colic _____

Excessive restlessness _____

Diminished sleep because of restlessness and easy arousal _____

Frequent head banging _____

Constantly into everything _____

Excessive number of accidents compared to other children _____

DEVELOPMENTAL MILESTONES

If you can recall, record the age at which your child reached the following developmental milestones. If you cannot recall, check one of the items at the right.

	AGE	EARLY	AT THE NORMAL TIME	LATE
Crawled				
Walked along				
Spoke first words besides mama, dada				
Said phrases				
Said sentences				
Bowel trained				
Bladder trained				

COORDINATION

Rate your child on the following skills:

	GOOD	AVERAGE	POOR
Walking			
Running			
Writing			

COMPREHENSION AND UNDERSTANDING

Do you consider your child to understand directions and situations as well as other children his or her age?

_____ If not, why not? _____

How would you rate your child's thinking compared to other children? _____

Average _____ Above Average _____

INTERESTS AND ACCOMPLISHMENTS

What are your child's main hobbies and interests? _____

What are his/her areas of greatest accomplishment? _____

What does your child enjoy doing most? _____

What does your child dislike doing most? _____

MEDICAL HISTORY

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information.

Childhood diseases (describe any complications) _____

Hospitalizations for illness other than surgeries _____

Surgeries _____

Head injuries _____ with unconsciousness _____ without _____

Convulsions _____ with fever _____

Coma _____

Meningitis or encephalitis _____

Immunization reactions _____

Persistent high fevers _____ Highest temperatures recorded _____

Eye problems _____

Poisoning (including lead) _____

Allergies (please specify) _____

PRESENT MEDICAL STATUS

Present illness or illnesses for which child is being treated _____

Medications child is taking on an ongoing basis _____

SCHOOL

Does your child miss school frequently due to medical problems? Yes _____ No _____

How is your child doing in:

Reading _____ Spelling _____ Mathematics _____

Has your child ever repeated a grade? _____ If so, which one(s)? _____

Present class placement: regular class _____ special class (specify) _____

Kinds of special therapy or remedial work your child is currently receiving _____

Does your child's teacher describe any of the following as significant classroom problems?

_____ Doesn't sit still in his/her seat

_____ Frequently walks around classroom

_____ Won't wait his/her turn

_____ Doesn't respect others' rights

_____ Shouts out/doesn't wait to be called upon

_____ Doesn't cooperate well in group activities

_____ Does better in one-to-one relationships

_____ Inattentive during storytelling

Briefly describe any other classroom behavioral problems. _____

If your child is having behavior difficulties in school, how long have they been going on? _____