

**Neuropsychology Associates, Inc.
Child/Adolescent History Form**

Person completing form: _____ **Date:** _____

Name of child: _____

Birthdate: _____

Home address: _____

Home phone: _____

Parent name: _____

Educational level: _____

Occupation: _____

Work phone: _____

Parent name: _____

Educational level: _____

Occupation: _____

Work phone: _____

Who made the referral: _____

Briefly indicate the reasons for contacting the Neuropsychology Service:

Circumstances/factors you think are important regarding this decision:

In my opinion, the major cause of my child's difficulties is:

BIRTH HISTORY:

	Yes	No	If yes, Explanation
Was the birth a caesarean section?			
Was labor induced?			
Were you given medication during labor?			
Was anesthesia used during labor?			
Was this a multiple birth?			
Was the baby born head-first?			
Were forceps used during delivery?			
Did your baby have any breathing problems?			
Was your baby born with cord wrapped around neck?			
Did your baby cry quickly?			
Was the baby's color normal at birth?			
Was the baby's color blue at birth?			
Did your baby require incubation?			
Did your baby receive oxygen?			
Was the baby's color yellow at birth ?			
Did your baby require phototherapy?			
Did your baby receive transfusions?			
Was your baby colicky?			
Did this baby have any feeding problems?			
Did the baby have difficulty sucking?			
Did the baby have difficulty chewing?			
Did the baby have difficulty swallowing?			
Did the baby drool past the age of 2 1/2?			
Was the baby normally active?			
Was the baby limp?			
Was the baby stiff?			
Did the baby show unusual trembling?			
Did the baby fail to grow normally?			
Did the baby fail to gain weight?			
Was this baby different in any way from brothers or sisters?			

EARLY HISTORY:**1. At approximately what age did this child:**

	Age (in months)
Sit alone	
Walk alone	
Speak 1st words	
First put words together meaningfully	
Talk in complete sentences	
Become toilet trained for bladder	
Become toilet trained for bowel	

2. Does your child have any speech problems? yes____ no____
 If yes, please explain: _____

3. Is English the child's first language? yes____ no____
 If no, what is child's first language? _____
 How old was your child when s/he learned to speak English? _____

MEDICAL HISTORY

1. Has your child had any of the following?

	Yes	No	Age	If yes, Explanation
Head Injury				
Loss of consciousness				
Meningitis				
Encephalitis				
Seizures				
High Fever				
Strep Throat				
Ear Infections				
Myringotomy tubes (tubes in ears)				
Vision Problems				
Hearing Problems				
Heart Disease				
Asthma				
Chicken Pox				
Mumps				
German Measles (rubella)				
Measles (rubeola)				
Lead Poisoning				
Other serious illness _____				

2. Is your child currently taking any medications? yes____ no____
 If yes,

Medication	Dosage	Dates	Reason	Prescribed by

3. Has your child had any of the following tests?

	Yes	No	Date	Result
Eye Exam				
Hearing Test				
EEG				
MRI				
CT Scan				

4. Has your child ever been hospitalized? yes ____ no ____
If yes:

Reason for Hospitalization	Age of Child	Length of Stay

FAMILY MEDICAL HISTORY

1. Is there anyone in your immediate or extended family who has (or had) any of the following:

	Yes	No	If yes, who (relation to child)
Learning problems			
Neurological disease			
Seizures (epilepsy)			
Intellectual Disability			
Attentional problems			
Behavioral problems			
Alcohol/Substance Abuse			
Depression			
Manic-Depression			
Anxiety Disorder			
Obsessive-Compulsive Disorder			
Other psychiatric problems			
Schizophrenia			
Diabetes			
Cancer			
High blood pressure			
Heart disease			
Alzheimer's Disease			
Dementia			
Other disease/health problem that runs in family			

SOCIAL AND BEHAVIORAL HISTORY

1. Does your child have any brothers or sisters? yes ____ no ____

2. Please list names and ages of siblings: _____

3. Who lives with your child? _____

4. Are the parents: ____ married
 ____ separated date: _____
 ____ divorced date: _____
 ____ never married

5. Would you describe your child as:

	Yes	No	If yes, Explanation
Shy			
Well Behaved			
Impulsive			
Clumsy using hands			
Immature			
Stubborn			
More active than other children			
Distractible			
Inattentive			
Clumsy walking			

6. Has your child received any psychological or psychiatric treatment?
 yes ____ no ____

7. If yes, please complete below:

Provider	Reason	Dates

8. How would you describe your child's personality? _____

9. How does your child get along with other children? _____

10. What are your child's favorite toys and games? _____

11. How does your child respond to frustrations? _____

12. How does your child show displeasure? _____

13. How does your child show happiness? _____

14. What are your child's chores and responsibilities? _____

15. What forms of discipline do you use with your child? _____

Are any successful? _____

16. Does your child have or did your child ever have:

	Yes	No	If yes, Age and Description of problem
Temper tantrums			
Sleep problems			
Nightmares			
Blank Spells			
Falling Spells			
Average Intelligence			
Poor Handwriting			
Head Banging			
Toe Walking			
Thumb Sucking			
Tics or Twitching			
Difficulty staying with an activity			
Bedwetting after age 5			
Eating paper, paint, etc.			
Emotional Problems			
Adjustment Problems			
Behavioral Problems			

SUBSTANCE USE

10. What kinds of grades does your child typically earn? _____

11. Briefly describe your child's school experiences with regard to his/her behavior:

12. If your child has had any difficulties in school (academic or behavioral), in which grade did these problems start? _____

13. Has your child:

	Yes	No	Grade(s)	Description
Been in accelerated classes or classes for the gifted?				
Been retained in any grade?				
Received tutoring?				
Received resource support?				
Been in a self-contained Special education classroom?				

14. Please specify any special education support your child currently is receiving:

15. Does your Child have a 504 _____ IEP _____?

16. If yes, what does the plan include? _____

ADDITIONAL COMMENTS: