

MEDICAL & DEVELOPMENTAL HISTORY			
Birth Wt.	Birth Length	Comments on pregnancy, delivery: tobacco/alcohol/drug use; bed rest; complications (gestational diabetes/anemia, forceps, oxygen); interventions.	
Year	Age	Health Concern	Comments on health & development in infancy and early childhood: level of activity; cranky/happy; fussy/calm; sociable/loner. Please list history of medical concerns including: genetic conditions; prenatal & perinatal problems; allergies, surgeries, injuries, illnesses, concussions, or fevers.
Comments on Developmental Delays or Challenges			
Focused Attention & Overactivity: age-appropriate ability to attend, concentrate, control impulses, modulate pace and activity level, notice and respond to social information			
Expressive Communication: use sounds, words, & gestures to communication wishes, intentions & feelings; use of grammar, plurals, questions, vocal inflection; enjoyment of rhythm & rhymes			
Tactile Reactivity: in each sensory area (touch, movement, sound, sight, taste, and smell), ability to respond to stimuli without either excessive upset or low arousal & indifference			
Fine & Gross Motor Skills: coordination of large muscle movements; hand and finger movements; with play, self-care, & interactions, ability to accomplish physical movement goals as planned			
Social Skills: interest & pleasure with others; prefer people to objects; responsive to caregiver displeasure; use gestures, sounds, & words to maintain communication; play interactive games			
Emotional Skills: self-calming; back-and-forth communication with caregiver in mutually responsive pattern; pretend play; management of anger, frustration, aggression			

CHILD'S CURRENT HEALTH HABITS			
Current Height:		Current Weight:	
Bedtime, School year:	Waking time, School year:	Bedtime, Summer:	Waking time, Summer:
Diet	Comments on habits & preferences (e.g.: regular meals OR snacks; well balanced diet OR missing food groups; preference for sweets, carbohydrates)		
Sleep	Comments on current and past sleep patterns (e.g.: difficulty falling asleep, staying asleep, wake early and unable to fall back asleep; past periods of disturbed sleep; wake tired or moody)		
Fears	Comments on pattern of worries, fears, or anxieties; any concerns		
Sadness	Comments on mood changes; intensity; consistency; onset & recovery; any concerns		
Anger	Comments on irritability; quickness & intensity of anger; onset & recovery any concerns		

ADOPTED CHILDREN ONLY		
Country of Origin	First Language	Age at Adoption
Care Before Adoption		
Additional Comments		

ADOLESCENTS ONLY	
Responsibilities	Handling of chores at home, school work, & other commitments
Employment	Current and past employment, including babysitting; hours worked weekly; how well job responsibilities are handled; feedback from employer(s)
Friends	Quality of peer relationships; stability of friendships; isolation; changes in peer group; choice of friends; secrecy about activities with friends;
Adults	Quality of relationships with non-familial adults (e.g., teachers, neighbors, parents of peers)
Dating	Current and past dating; duration of relationships; parent level of information about partners, level of comfort with partners; active sexual involvement & contraception use
Substance Use	Use of caffeine (coffee, tea, colas); tobacco; alcohol; marijuana; other off-the-shelf, legal, or illegal drugs; first use; current frequency of use; concerns

Feel free to include any appropriate written materials (school papers, teacher comments, written reports, informal notes) that can help me to better understand the full nature of your current concerns and also how past events relate to these concerns. Thank you for taking the time to complete this form, which will help me with assessment and with planning and recommendations.

Signature of Parent or Guardian

Date