

Child History Form

TO BE FILLED OUT BY PARENT...

Biographical Information

When a psychologist begins working with a child we find that certain basic information can be useful to us. We find that this information is usually best provided by the parent and we will greatly appreciate your time and cooperation. We realize that some of the questions are difficult to remember and answer. Please try to avoid simple yes or no answers and try to give details as the more we know about your child, the better the job we can do. Where appropriate you may simply circle the answer that applies.

Date _____

Childs Name: _____

Childs Address: _____

Phone Number: (home) _____ Parents work number _____

Date of Birth: _____ Age: _____ SS#: _____

School: _____

(Name)

(Street Address)

(City, State, Zip code)

Grade Level: _____ Teacher: _____

Mother: _____ Father: _____

Other Guardian: _____

What is the reason for considering this referral? _____

Does your child have any problems at home? _____

Is this a school referral? _____ If yes, what is the school's reason for referral? _____

Other Family Members Living in Household

Name _____ Age _____ Grade Level _____

1. _____

2. _____

3. _____

4. _____

5. _____

PARENTAL HISTORY:

Mother, Stepmother or Guardian: _____

Birthplace: _____ Birthdate: _____

Educational Attainment: _____

Did you have difficulty in school? _____

Did any member of your family have trouble learning to read? _____

Employment: Company _____ Hours: _____

Occupation: _____

Other Marriages: _____

Any Past Physical or Mental Problems: _____

Father, Stepfather or Guardian: _____

Birthplace: _____ Birthdate: _____

Educational Attainment: _____

Did you have difficulty in school? _____

Did any member of your family have trouble learning to read? _____

Employment: Company _____ Hours: _____

Occupation: _____

Other Marriages: _____

Any Past Physical or Mental Problems: _____

Present Marital Situation: (Please circle) Married Living Together Separated Divorced

Number of years in present marriage: _____

In Describing your marriage, would you say: (Please circle) Very poor situation
Tolerate each other Relatively happy Very happy

Additional comments: _____

If remarried since the birth of this child, how old was he/she then? _____

Do you have any religious affiliation? _____

Do you attend church (Please circle) Regularly Most of the time Occasionally Never?

BIRTH HISTORY

1. Was the child full term or premature? _____

Length of Labor? _____

Was anesthesia used for delivery? _____

Did you have complications during pregnancy - bleeding, special medication, toxemia, diabetes, RH factor: _____

Was labor induced? _____

2. Did the child have any problems immediately after birth - blueness, difficulty in breathing, eating, etc.? _____

Was he/she put in an incubator? _____

Child's birth weight: _____ Did the child feed normally? _____

When he was held was he rigid or relaxed? _____

Any physical defects? _____

Did he/she show irritability, difficulty in sleeping, cry a lot? _____

At approximately what age:

Held up head _____ Crawled _____ Sat alone _____

Walked _____ Talked _____ Toilet Trained _____

Age dressed alone _____

Does he/she now have difficulty using scissors, pasting, writing, etc? _____

Comparison of Development to that of brothers or sisters: _____

Describe child as a toddler: _____

Is child right or left handed?: _____

Any high fever? _____

Any convulsions or staring spells? _____

Any history of ear infections? _____

Does your child have a hearing impairment? _____

Any injuries or accidents, particularly blows to the head (car accidents/bikefalls) _____

Discipline Type? _____

Are you consistent in you discipline? _____

Person who administers discipline? _____

Childs reaction to frustration _____

DAILY SCHEDULE

Time of arising _____ Sleep pattern (Please circle) Restless Nightmares _____

Number of hours _____ Normal, very sound _____

Does he/she resist sleep? _____

General appetite and eating habits _____

Any security items? _____

Childcare arrangements (mother, babysitter, relatives) _____

FAMILY RELATIONSHIPS

Any significant health or emotional problems with other children? _____

Sibling rivalry or jealousy _____

Does this child particularly like or relate well to any other brother or sister? _____

Do children generally get along? _____

How would you describe father-child relationship _____

How would you describe mother-child relationship _____

Any activities by whole family? _____

By one parent? _____

Child's responsibilities? _____

Does he/she receive any allowance? _____

How is it used? _____

Other information _____

EDUCATIONAL INFORMATION

How do you feel about your child's academic progress? _____

What are your expectations for him/her? _____

What do you think is your child's attitude towards school? _____

Any unpleasant school experiences? _____

Grades retained, what year and why? _____

Does the child resist going to school? _____

What is his/her most difficult subject? _____

His/Her best? _____

Where does he/she study? _____ Do parents help? _____

Does he/she read other than assigned books at home? _____

Schools Attended	Grade Level	Performance
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Have you had a conference with his/her teacher this year? _____

Other comments on school: _____

Other testing done (private or school)? _____

Description of home environment (apartment, house, ample play space, neighbors close by): _____

Child's bedroom (does he/she share a room, help pick-up, show an interest in decorating?) _____

Additional comments or information: _____