

LIST ALL CURRENT MEDICATIONS, VITAMINS, ADDITIVES AND HERBAL SUPPLEMENTS

<u>NAME</u>	<u>DOSE</u>	<u>REASON</u>

CHILD'S MEDICAL HISTORY

Has your child ever been hospitalized? When and why?

Has your child ever had any serious medical illnesses? Please describe all illnesses and their treatments.

Does your child *currently* have any serious medical illnesses? Please describe all current illnesses and their treatments.

Has your child ever had any serious injuries? Please include *all* head injuries. Describe all injuries and their treatments. Did any require hospitalization?

Has your child ever had surgery? Please describe the surgery. Include the date and outcome.

Does your child have any allergies? Please include all medication allergies or food allergies. Has your child ever had any life threatening allergic reactions?

Does your child have asthma? Has it ever required visits to the emergency room or hospitalization? Please describe the seriousness of the asthma and its past and current treatments.

PAST PSYCHOLOGICAL OR PSYCHIATRIC PROBLEMS

HAS YOUR CHILD EVER BEEN TREATED FOR ANY PSYCHOLOGICAL OR PSYCHIATRIC PROBLEMS AT ANY OTHER TIME? Please describe other mental health problems and what interventions have been made. What have been the results of these interventions?

FAMILY HISTORY

Any blood relatives including parents, siblings, grandparents, aunts, uncles have any of these:

	YES	NO	RELATIONSHIP TO YOUR CHILD
Depression _____			
Manic Depressive (Bipolar) Disorder _____			
Post Partum Depression _____			
Post Partum Psychosis _____			
Suicide _____			
Anxiety Disorder _____			
Panic Disorder _____			
Separation Anxiety _____			
Agoraphobia _____			
Other Phobias _____			
Obsessive Compulsive Disorder _____			
Post-Traumatic Stress Disorder _____			
Anorexia _____			
Bulimia _____			
Schizophrenia _____			
Learning _____			
Disability/Dyslexia _____			
ADHD _____			
ADD _____			
Oppositional Defiant Disorder _____			
Conduct Disorder _____			
Antisocial Personality Disorder _____			
Tourette's Disorder _____			
Other Tic Disorder _____			
Autism _____			
Asperger's Disorder _____			
Other Pervasive Developmental Disorder _____			
Alcoholism _____			
Substance Abuse _____			
Psychiatric Hospitalizations _____			

SCHOOL HISTORY

1. Describe your child's attitude toward school.
2. Describe your child's behavior in school.
3. Has your child ever refused to go to school? If "yes", please explain.
4. a. Which are his/her best subjects?

b. Which are his/her favorite subjects?
5. a. Which are his/her worst subjects?

b. Which are his/her least favorite subjects?
6. Have your child's grades changed over time? If "yes", please explain.
7. Has your child been tested for Learning Disabilities? If "yes", please describe the results.
8. Has your child had intellectual testing done? Please describe the results.
9. Has your child been held back or skipped a grade? Please explain

FAMILY SOCIAL HISTORY

1. Have there been any recent stresses in the family? Please explain.
2. Has anyone recently left the family or died? Please explain.
3. Has anyone recently joined the family? Please explain.
4. Have there been any recent employment changes or job losses? Please explain.
5. Have there been any recent financial changes (good or bad)? Please explain.
6. How many times has your family moved during your child's lifetime? Please explain your moves and reasons for moving. How did your child adapt to moving?

REASON FOR BEING HERE AT THIS TIME

CURRENT PROBLEMS: What brings you here? Please briefly describe your child's current problems starting with the most serious.

ONSET: How long ago did the problems begin? How old was your child? Was there a precipitant? Were there any major stresses happening in the family at the time the problems began?

TREATMENT: What kinds of interventions have been tried? Have you tried medications, seen other therapists, used any "non-traditional" treatments?

FAMILY RELATIONSHIPS: Describe what effects the problems have had on family relationships and family functioning. How does your child get along with each parent and with each brother and/or sister.

SCHOOL: Describe your child's function at school. Are there any problems? What are his/her school-related likes and dislikes?

PEER RELATIONSHIPS: Describe how your child gets along with other children. Who are his/her best friends? Have his/her problems affected these relationships?