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BACKGROUND ENQUIRY

Child's Name _____

Date of Birth: _____ Age: _____ Sex: _____

School_____

Name address grade:

Who does the child live with (Please note the names, ages, and relationships of everyone who resides in the Household).

Please list names and ages of non-resident parents and siblings

Parent Information

Name_____ Education_____

Occupation_____Employer_____

Name_____ Education_____

Occupation_____ Employer_____

Name_____ Education_____

Occupation_____ Employer_____

Please write a brief summary of the core problems you want help with

_____

_____

_____

1. DEVELOPMENTAL HISTORY

Pregnancy

Excessive vomiting _____

Excessive bleeding _____

Threatened Miscarriage _____

Infection _____

Toxemia _____

Smoking during pregnancy _____

Alcohol during pregnancy _____

Illegal drugs during pregnancy _____

Please list any other complications _____

Medications taken during pregnancy_____

X-rays during pregnancy _____

Duration of pregnancy _____ **weeks**_____

Delivery_____

Type of labor: Spontaneous _____ **Induced** _____

Forceps: High _____ **Moderate** _____ **Low** _____

Duration of Labor _____**hours:** _____

Anesthesia _____

Type of Delivery: Vaginal _____ **Cesarean** _____

Complications:_____

Birth Weight _____

Appropriate for gestational age _____

Small for gestational age _____

2. Post Delivery

Apgar score _____

Jaundice _____

Suck: Strong _____Weak _____

Infection _____

Birth Defects _____

Other complications _____

Number of days baby was in the hospital_____

Infancy-Toddler Period

Did NOT enjoy cuddling _____

Was NOT calmed by being held, or rocked _____

Colic _____

Frequent head-banging _____

Difficulty sleeping _____

Constantly into everything _____

More accidents than other toddlers _____

Developmental Milestones_____

Age Early Average Late_____

Smiled_____

Crawled _____

Walked without assistance _____

Spoke first word (not mama or dada) _____

Sentences _____

3. Toilet Trained Day/Night _____

School

Does your child understand instructions and circumstances as well as his or her peers? _____

Could you please rate the child's overall intelligence as compared to other children?

Below Average _____ Average _____ Above Average _____

Could you please tell us about any significant events that occurred during

Preschool_____

Kindergarten_____

Elementary School _____

Middle School _____

High School _____

At what grade level is your child functioning in:

Reading _____ Math _____

What grades is your child currently getting in school? _____

Is this a change from the past? _____

Has your child ever repeated a grade? _____

Has your child had any psychological or psychoeducational testing?

_____

Has your child ever been diagnosed with Learning Disabilities?

_____

Has your child ever received Special Education services?

_____

Kindly describe any academic school problems

_____

_____

_____

4. Briefly describe any school behavior problems

_____

_____

Have you noted any of the following problems with your child at school?

Displays restlessness while seating

_____

Enjoys a frequent walk around the room _____

Doesn't wait to be called on, shouts out _____

Won't wait his/her turn _____

Does not work together during group activities

_____

Responds better to one on one

_____

Doesn't respect the rights of others _____

Does not pay attention to instructions _____

Peer Relationships _____

Does your child seek friendships with peers?_____

Is your child sought by peers for friendship? _____

Does your child play primarily with children his/her age? ____ _Older? _____ Younger ?

_____

Describe any problems your child has with peers _____

_____

_____

Behavior At Home

The following behaviors can be observed in all children. However, your child may have displayed some more than other children of his/her age. Please point these out for us.

Hyperactivity _____

Poor attention span _____

Impulsivity _____

Low frustration tolerance _____

Temper outbursts _____

5. Sloppy table manners _____

Interrupts frequently _____

Doesn't listen when spoken to_____

Sudden outbursts of aggression _____

Acts as if driven by a motor _____

Lacks appropriate fear of danger _____

Accident prone _____

Doesn't learn from experience _____

Poor memory _____

More active than peers or siblings _____

Interests and Accomplishments

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

_____

What are your child's accomplishments? What does s/he excel at?

_____

_____

What does your child dislike doing? _____

Medical History

Please list the age at which your child experienced any of the following illnesses as well as any other pertinent information regarding the illness.

Childhood diseases (describe any complications) _____

_____

Operations _____

_____

Hospitalizations _____

_____

Head Injuries _____

Loss of consciousness? _____

Convulsions/seizures _____

6. High fever _____

Coma _____

Meningitis or encephalitis _____

Immunization reactions _____

Latest eye exam _____ Problems _____

Latest hearing test _____Problems _____

Latest physical _____Problems _____

Present height _____weight _____

Present illnesses _____

Current medications _____

Family History-Biological Mother

Age _____ Age at time of pregnancy _____

Number of pregnancies _____ Number of live births _____

Number of miscarriages_____ Number of abortions _____

Fertility issues _____

School: Highest grade completed _____

Learning problems _____

Behavior problems _____

Medical problems _____

_____

Do any of your blood relatives have a history of problems similar to your child? If so Please tell us about them.

_____

Do any of your blood relatives have a history of substance abuse, anger problems,

mental illness, or legal problems? _____

_____

Family History-Biological Father

Age _____ Age at time of conception _____

Fertility issues _____

School: Highest grade completed _____

Learning problems _____

Behavior problems _____

Medical problems _____

_____

Have any of your blood relatives had a history of problems similar to your child? If so describe

_____

Have any of your blood relatives had a history of substance abuse problems, anger problems, learning problems, mental illness, or legal problems?

_____

_____

The following is a list of behaviors/symptoms that children often exhibit at one time or another. Please place an "N" next to any that your child is currently exhibiting and a "P" next to any that your child has exhibited in the past. When marking symptoms, please mark only those that caused significant distress or that you believe to be atypical when compared to same age peers.

Thumb-sucking _____ ____ Preoccupied with food_____

Baby talk _____

Frequent stomach aches/cramps_____

Frequent temper tantrums _____

Frequent nausea/vomiting_____

Overly dependent _____ Constipation _____

Excessive silliness _____ _____ Frequent headaches _____

Attention seeking_____ Insomnia _____

Cries easily/frequently_____ Bed wetting _____

8. Immature for age_____ Frequent nightmares_____

eats non-edible items_____ Sleepwalking _____

overeating _____ Preoccupation with sex _____

overweight _____ Sexually active _____

eating binges _____ Excessive masturbation_____

under eating _____ Takes path of least resistance _____

Tries to avoid responsibility _____ Little response to punishment_____

Poor follow-through _____ Few friends _____

Uncooperative _____ Doesn't seek friend _____

Persistent lying _____ Rarely sought by peers _____

Frequent use of profanity _____ not accepted by peers _____

Truancy from school _____ selfish _____

Runs away from home _____ Doesn't respect rights of others_____

Violent outbursts _____ Self centered _____

Stealing _____ Argumentative_____

Cruelty to animals, children, others _____ Anxiety attacks_____

Destruction of property _____ Lacks common sense_____

Trouble with police _____ Feels persecuted _____

Fire setting _____ Very stubborn _____

Alcohol use _____ Excessive self criticism_____

Drug use _____ Very tense _____

Little or no guilt _____ Nail Biting _____

Hair pulling _____ Depression_____

Poor tolerance of criticism _____ Feelings easily hur_____

Dissatisfaction with appearance _____ Perfectionist_____

Excessive worrying _____ Little concern for personal hygien_____

Rapid speech _____ Irritability _____

Preoccupied with certain ideas _____

Excessive desire to please others_____

"Too good" _____ Shy _____

9. Excessive fears _____ Excessive guilt _____

Low self esteem _____ Flat emotional tone _____

Passive and easily led _____ Hears voices _____

Excessive fantasizing _____ Sees visions_____

Easily taken advantage of _____

P of N SYMPTOM BRIEF DESCRIPTION

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Name of Siblings Age Medical, social, or academic problems

1. _____

2. _____

3_____

4. _____

5. _____

History of previous consultations (names and addresses of professionals)

1. _____

2. _____

3. _____

4. _____

Could you please describe your method of instilling discipline at home?

_____

How does your child respond to this method?

_____

Please use the remainder of the page and/or the back to add any further information you would like me to know.