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Dr. Swapnila Das

PhD, Psychology

11615 Angus Rd

Ste# 108, Austin, TX 78759

sdas@yourpsychologist.net

512-710-6568

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 _____

[Type text]

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 _____

[Type text]

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) _____

[Type text]

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?

[Type text]

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 _____

[Type text]

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 _____

[Type text]

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 _____

[Type text]

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?** _____

[Type text]

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 _____

[Type text]

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 _____

[Type text]

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?

[Type text]

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