

INSTRUCTIONS: Please complete the following information about your child and family. If any questions do not apply to your child, simply write "DNA" (does not apply) in the space provided or leave the space blank. It is best if this form is completed by all parents or primary caretakers. This information will be helpful to your child's doctor or other professional to better understand your child and your family.

Child's name: Informant: Date:
Address:
Informants relationship to child: Child's age: Date of birth:
School: Grade: Phone # of school:
Current teacher(s):

I. Family Composition

Is this child your: biological child adopted child or foster child Other

With whom does this child live?

Who has legal custody of this child?

Names and ages of this child's brothers and sisters or other children in the family:

II. Current Concerns

What are you most concerned about regarding your child that has led you to complete this history form?

III. Developmental and Medical Information

Pregnancy

Indicate any complications during pregnancy.

- Excessive vomiting. Was hospitalization required?
- Excessive staining/blood loss?
- Any infection(s)? Specify
- Toxemia? Other illnesses?
- Smoking during pregnancy? # cigarettes smoked per day
- Alcohol consumption during pregnancy (if beyond an occasional drink)?
- Other drug use during pregnancy?

Delivery

Type of labor: Spontaneous Induced Duration (hours)

Type of delivery: Normal Breech Caesarean

Complications: Cord around neck Hemorrhage Infant injured during delivery

Other

Birth weight: lbs. oz.

Post Delivery Period

Jaundice -Cyanosis (turned blue) Incubator care

Infection (specify)

Infancy Period

Were any of the following present to a significant degree during the first few years of life? If so, describe:

- Did not enjoy cuddling
- Was not calmed by being held or stroked
- Difficult to comfort
- Colic
- Excessive restlessness
- Excessively irritable
- Diminished sleep
- Frequent headbanging
- Difficulty nursing
- Constantly into everything

Developmental Milestones

Indicate below whether this child achieved the following developmental milestones at a normal age, early, or later than others his/her age.

- | | | | |
|-----------------------------|--------------------------------|-------------------------------------|--|
| Smiled | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |
| Sat without support: | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |
| Crawled | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |
| Stood without support | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |
| Spoke first words: | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |
| Said phrases: | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |
| Said sentences | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |
| Bladder trained, all day | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |
| Bladder trained, at night | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |
| Bowel trained: | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |
| Rode tricycle: | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |
| Rode bicycle no trng wheels | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |
| Buttoned clothing | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |
| Tied shoelaces | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |
| Named colors: | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |
| Recited alphabet in order: | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |
| Began to read: | <input type="checkbox"/> early | <input type="checkbox"/> normal age | <input type="checkbox"/> later than normal |

Medical History

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information.

Childhood diseases (age and complications if any):

Operations

Hospitalizations

Head injuries

Convulsions with fever without fever

Coma

Eye problems

Ear problems

Allergies or asthma

Poisoning

Sleep problems

Appetite

Growth problems

Other medical information that is relevant:

Height Weight

Present illnesses for which the child is being treated:

Psychotropic medications (stimulants, medications for ADHD, mood, anxiety medications) child has been taking or is currently taking. Include name of medication and dosing.

a. current medications:

b. previous medications:

Describe any positive benefits from these medications and any adverse side-effects.

Has your child ever received treatment by a mental health professional? If so, who provided this treatment, when, and what was the purpose of the treatment?

IV. Family Information

Use the checklists below to describe any family history of psychiatric and learning problems (in child's parents, grandparents, or siblings).

Family Member

Aggressiveness, defiance:	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Difficulties with attention:	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Learning problems:	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Failed to graduate high school:	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Mental retardation:	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Psychosis or schizophrenia:	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Depression:	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Anxiety:	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Tics or Tourette's syndrome:	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Alcohol abuse/substance abuse:	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Antisocial behavior:	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Arrests:	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Physical abuse/sexual abuse:	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem

V. School Information

List the name of each school your child has attended.

Preschool(s):

Elementary School(s):

Middle School(s):

High School(s):

Higher Education:

In general, describe your child's performance during elementary school. Go grade by grade, if necessary, and list any outstanding strengths or problems.

Kg

1st

2nd

3rd

4th

5th

Additional concerns in elementary school:

Describe your child's performance during middle school and high school. Again, go grade by grade, if necessary, and list any outstanding strengths or problems.

6th

7th

8th

9th

10th

11th

12th

Additional concerns in secondary school:

If applicable, describe your child's academic performance beyond high school.

Has your child ever been evaluated by a clinical psychologist, school psychologist, child and adolescent psychiatrist, neurologist, speech and language pathologist, etc? If so, provide names and addresses and discuss the results of these evaluations below.

Has your child ever had to repeat a grade? If so, which grade?

Has your child ever received special education services? If so, what grades?

Does your child currently have an IEP from his/her school?

Does your child currently have a 504 Plan at school?

Describe the main focus of your child's IEP or 504 Plan (note any accommodations your child is currently receiving).

Indicate if your child's teacher(s) describe any of the following as significant classroom problems.

Doesn't sit still in his or her seat	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Frequently gets up and walks around the classroom	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Shouts out. Does not wait his/her turn to be called on	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Does not cooperate well in group activities	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Typically does better in a one to one relationship	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Does not respect the rights of others	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Does not pay attention during lessons	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Fails to finish assigned classwork	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Fails to finish assigned homework	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Bullies other children	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem
Is not sought out by others to play or work together	<input type="checkbox"/> not a problem	<input type="checkbox"/> a problem

Describe any problems your child may have in school with learning.

Describe any problems your child may have with homework (e.g., forgets, does not return it to school, etc.)

VI. Child Management Techniques

When your child is disruptive or misbehaves, what steps are you likely to take to deal with the problem and how well do they work?

Describe any differences or similarities between each parent's management style in handling disruptive behavior.

Describe what steps you might take to improve your management style in handling disruptive behavior.

VII. Strengths and Accomplishments

We realize that we have focused largely on problems that your child may be having. However, we are also quite interested in understanding your child's strengths, talents, skills, and accomplishments. Please use the space below to describe these assets and use additional pages if necessary.

Write any additional information you believe is important for us to know about your child.

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