

DEVELOPMENT AND HEALTH

NAME: _____

1. Was child born to you? _____
2. Adopted? _____
3. How many pregnancies? _____
4. Length of pregnancy: _____
5. Type of delivery: _____
5. Birth weight: _____
6. Birth injuries: _____
7. Discuss any difficulties during pregnancy and birth. _____

5. If child is adopted, has he/she been told? _____

6. At what age was toilet training completed? _____ Bowel? _____ Bladder? _____

7. At what age did child walk? _____ Talk? _____

8. Child is right-handed? _____ Left-handed? _____ Uses either? _____

9. Has child has any serious illness? _____

10. List any serious injuries the child has had and what age? _____

11. Have there been any difficulties with speech, hearing or sight? _____

12. Has your child had psychological, speech and hearing or psychiatric evaluation in the past?

When? _____ What were the results? _____

13. When was your child last seen for physical examination? _____

14. Is child on any medication at present? _____ If so, list name and dosage if known:

15. Has child ever had an electroencephalogram or (brain wave)? _____
16. Has any one in the immediate family, in or outside home, had a problem with substance
If yes, who and when? _____

17. List any family member, with psychiatry history, (Give approximate date and relationship to
the child). _____

18. Have any of your other children had similar problems? _____ Please discuss:

SCHOOL HISTORY

19. What school does your child attend? _____
20. What grade is your child in? _____
21. Would you be willing for us to talk with your child teacher? _____
22. Has child repeated any grades? _____
23. Has your child ever been in special education classes or classes for slow learners?
If so when and where? _____

24. If there is any additional information you feel of importance, please discuss here:

