

CHILD AND FAMILY INFORMATION

Child's name _____ Birthdate _____ Age _____
Address (street) _____
City _____ State _____ Zip Code _____
Home phone _____ Work phone _____
Cell phone _____ phone belongs to Dad/Mom (circle one)
Child's school _____ Teacher's name _____
School address _____

Is child in special education? Yes No If so, what type? _____
Father's name _____ Age _____ Education level _____
Father's place of employment _____
Type of employment _____
Mother's name _____ Age _____ Education level _____
Mother's place of employment _____
Type of employment _____
Is child adopted? Yes No If yes, age when adopted _____
Are parents married? Yes No Separated? Yes No Divorced? Yes No
Child's physician _____
Physician's address(street) _____
City _____ State _____ Zip Code _____

Please list all other children in the family:

Name	Age	School grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Instructions: Circle the number that best describes your child's behavior at home over the past 6 months, where 0=never or rarely, 1=sometimes, 2=often, 3=very often.

- | | | | | |
|--|---|---|---|---|
| 1. Fails to give close attention to details or makes careless mistakes in schoolwork | 0 | 1 | 2 | 3 |
| 2. Has difficulty sustaining attention in tasks or play activities | 0 | 1 | 2 | 3 |
| 3. Does not seem to listen when spoken to directly. | 0 | 1 | 2 | 3 |
| 4. Does not follow through on instructions and fails to finish work. | 0 | 1 | 2 | 3 |
| 5. Has difficulty organizing tasks and activities. | 0 | 1 | 2 | 3 |

6. Avoids tasks (e.g., schoolwork, homework) that require mental effort.	0	1	2	3
7. Loses things necessary for tasks or activities.	0	1	2	3
8. Is easily distracted.	0	1	2	3
9. Is forgetful in daily activities.	0	1	2	3
10. Fidgets with hands or feet or squirms in seat.	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seating is expected.	0	1	2	3
12. Runs about or climbs excessively in situations in which it is inappropriate.	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly.	0	1	2	3
14. Is “on the go” or acts as if “driven by a motor”	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty awaiting turn	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3
19. Loses temper	0	1	2	3
20. Argues with adults	0	1	2	3
21. Actively defies or refuses to comply with adults’ requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his/her mistakes or misbehavior	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry and resentful	0	1	2	3
26. Is spiteful or vindictive	0	1	2	3

Instructions: Please indicate whether your child has done any of these activities in the past 12 months.

1. Often bullied, threatened, or intimidated others	No	Yes
2. Often initiated physical fights	No	Yes
3. Used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, or gun)	No	Yes
4. Has been physically cruel to people	No	Yes
5. Has been physically cruel to animals	No	Yes
6. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)	No	Yes
7. Has deliberately engaged in fire setting with the intention of causing serious damage	No	Yes
8. Has forced someone into sexual activity	No	Yes
9. Has deliberately destroyed others’ property	No	Yes
10. Has broken into someone else’s house, building, or car	No	Yes
11. Often lies to obtain goods or favors or to avoid obligations	No	Yes
12. Has stolen items of non vital value without confronting a victim	No	Yes

13. Often stays out at night despite parental prohibitions No Yes
14. Has run away from home overnight at least twice while living in No Yes
parent's home, foster care, or group home
15. Is often truant from school No Yes
If so, at what age did he/she begin doing this ? _____

HEALTH HISTORY

A. Date of child's last physical exam: _____

B. At any time has your child had the following:

- | | | | |
|---|-------|------|---------|
| 1. Asthma _____ | Never | Past | Present |
| 2. Allergies _____ | Never | Past | Present |
| 3. Diabetes, arthritis, or other chronic illness _____ | Never | Past | Present |
| 4. Epilepsy or seizure disorder _____ | Never | Past | Present |
| 5. Febrile seizures _____ | Never | Past | Present |
| 6. Chicken pox or other common childhood illnesses _____ | Never | Past | Present |
| 7. Heart or blood pressure problems _____ | Never | Past | Present |
| 8. High fevers (over 103) _____ | Never | Past | Present |
| 9. Broken bones _____ | Never | Past | Present |
| 10. Severe cuts requiring stitches _____ | Never | Past | Present |
| 11. Head injury with loss of consciousness _____ | Never | Past | Present |
| 12. Lead poisoning _____ | Never | Past | Present |
| 13. Surgery _____ | Never | Past | Present |
| 14. Lengthy hospitalization _____ | Never | Past | Present |
| 15. Speech or language problems _____ | Never | Past | Present |
| 16. Chronic ear infections _____ | Never | Past | Present |
| 17. Hearing difficulties _____ | Never | Past | Present |
| 18. Eye or vision problems _____ | Never | Past | Present |
| 19. Fine motor/handwriting problems _____ | Never | Past | Present |
| 20. Gross motor difficulties, clumsiness _____ | Never | Past | Present |
| 21. Appetite problems (undereating or overeating) _____ | Never | Past | Present |
| 22. Sleep problems (falling asleep, staying asleep) _____ | Never | Past | Present |
| 23. Soiling problems _____ | Never | Past | Present |
| 24. Wetting problems _____ | Never | Past | Present |
| 24. Other health difficulties - please describe _____ | Never | Past | Present |

Does the mother of the child have a problem with alcohol _____ Never Past Present

Does the father of the child have a problem with alcohol _____ Never Past Present

Does the mother of the child have a problem with drugs _____ Never Past Present

Please specify _____

Does the father of the child have a problem with drugs _____ Never Past Present

Please specify _____

Is there a history of mental illness with the mother of the child Yes No

If yes, please specify _____

Is there a history of mental illness with the father of the child Yes No

If yes, please specify _____

Has either parent had any involvement with the legal system ?

Has there been any history of violence in the parent's relationship ? _____

Has there been any DYFS involvement (previous or present) ? _____

PARENTAL CONCERNS ABOUT CHILD

What are you most concerned about regarding your child that led you here today ?
