

CHILD PSYCHOSOCIAL INFORMATION

CHILD'S NAME _____
CHILD'S DATE OF BIRTH _____ / _____ / _____ AGE _____
INFORMATION PROVIDED BY _____
RELATIONSHIP TO CHILD _____
CHILD'S PARENT/GUARDIAN'S NAMES _____

CHILD'S ADDRESS _____

DESCRIBE REASON(S) FOR REFERRAL FOR EVALUATION:

MEDICAL HISTORY

NAME, ADDRESS, & TELEPHONE OF PEDIATRICIAN:

DATE OF MOST RECENT PHYSICAL EXAM _____
DISCUSS ANY PAST OR CURRENT MEDICAL PROBLEMS YOUR CHILD HAS
EXPERIENCED (I.E. INNER EAR PROBLEMS, COLIC, HOSPITALIZATIONS,
PREMATURE BIRTH,
ETC.) _____

ON AVERAGE, HOW MANY HOURS DOES THE CHILD SLEEP DAILY _____

DOES THE CHILD HAVE TROUBLE FALLING ASLEEP AT NIGHT YES NO

IF YES, PLEASE DESCRIBE _____

DOES THE CHILD HAVE TROUBLE STAYING ASLEEP ONCE HE/SHE HAS
FALLEN ASLEEP YES NO

IF YES, DESCRIBE _____

DESCRIBE THE CHILD'S APPETITE (IN THE PAST WEEK)

POOR APPETITE AVERAGE APPETITE LARGE APPETITE

WHAT MEDICATIONS & DOSAGES IS THE CHILD CURRENTLY TAKING?

DEVELOPMENTAL HISTORY

WAS PREGNANCY PLANNED YES NO

WERE THERE COMPLICATIONS YES NO
(IF YES, EXPLAIN) _____

PROBLEMS WITH FEEDING OR SLEEPING YES NO
(IF YES, EXPLAIN) _____

IS THERE ANY HISTORY OF ABUSE/NEGLECT YES NO
(IF YES, EXPLAIN) _____

PLEASE IDENTIFY THE AGE THAT YOUR CHILD MET THE FOLLOWING
MILESTONES:

HELD HEAD UP AGE _____

TURNED OVER AGE _____

SAT ALONE AGE _____

CRAWLED AGE _____

PULLED UP AGE _____

WALKED AGE _____

SAID 4-10 WORDS AGE _____

- LOSES TEMPER EASILY
- ARGUES WITH ADULTS
- REFUSES ADULTS' REQUESTS
- DELIBERATELY IGNORES PEOPLE
- BLAMES OTHERS FOR OWN MISTAKES
- EASILY ANNOYED BY OTHERS
- ANGRY/RESENTFUL
- SPITEFUL/VINDICTIVE
- DEFIANT
- BULLIES/TEASES OTHERS
- INITIATES FIGHTS
- USES A WEAPON
- PHYSICALLY CRUEL TO PEOPLE
- PHYSICALLY CRUEL TO ANIMALS
- STEALING
- FIRESETTING
- DOESN'T PAY ATTENTION TO DETAILS
- MAKES CARELESS MISTAKES
- DOES NOT LISTEN WHEN SPOKEN TO
- DOESN'T FINISH CHORES/HOMEWORK
- DIFFICULTLY ORGANIZING TASKS
- LOSES THINGS
- EASILY DISTRACTED
- FORGETFUL IN DAILY ACTIVITIES
- FIDGETY/SQUIRMY
- DIFFICULTY REMAINING SEATED
- RUNS/CLIMBS EXCESSIVELY
- DIFFICULTY PLAYING QUIETLY
- HYPERACTIVE
- DIFFICULTY AWAITING TURN
- INTERRUPTS OTHERS
- PROBLEMS PRONOUNCING WORDS
- SHY/AVOIDANT/WITHDRAWN
- EXCESSIVELY SAD/DEPRESSED
- EXCESSIVE WORRYING
- ANXIOUS/NERVOUS
- MOOD SHIFTS

PLEASE IDENTIFY ANY OF THE ABOVE BEHAVIORS THAT OCCUR FREQUENTLY AND DESCRIBE WHEN THEY BEGAN & ANY IMPAIRMENT THAT THEY MAY CAUSE:

BRIEFLY DESCRIBE YOUR CHILD’S WAY OF EXPRESSING THE FOLLOWING EMOTIONS:

ANGER _____

HAPPINESS _____

SADNESS _____

ANXIETY _____

LIST 5 WORDS TO DESCRIBE YOUR CHILD:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

LIST YOUR CHILD’S 3 GREATEST STRENGTHS:

- 1. _____
- 2. _____
- 3. _____

DESCRIBE YOUR CHILD’S MOST CHALLENGING BEHAVIOR AT HOME:

EXPELLED/SUSPENDED(PLEASE EXPLAIN)_____

COMMENDATIONS/AWARDS_____

REPEATED GRADES_____

WHAT REPORT CARD GRADES DOES YOUR CHILD USUALLY RECEIVE

HAVE THESE CHANGED LATELY? YES NO

HOW DOES YOUR CHILD HANDLE TRANSITIONS?

LIST YOUR CHILD'S MAIN DIFFICULTIES AT SCHOOL:

WHAT ARE YOUR CHILD'S FAVORITE SUBJECTS?

WHAT ARE YOUR CHILD'S LEAST FAVORITE SUBJECTS?

BRIEFLY DESCRIBE YOUR CHILD'S FRIENDSHIPS:

PLEASE IDENTIFY ANY RECENT EVENTS AND/OR CHANGES WITHIN YOUR CHILD'S ENVIRONMENT:

- DEATH OF A LOVED ONE
- DIVORCE
- REMARRIAGE OF EITHER PARENT
- BIRTHS
- MOVES
- JOB LESS OF PARENT
- CHANGE IN SCHOOL
- CHANGE IN BABYSITTER/DAYCARE
- NEW ROMANTIC RELATIONSHIP (FOR PARENT)
- DEATH OF A PET

IF ANY OF THE ABOVE CHANGES AND/OR **OTHER** SIGNIFICANT EVENTS HAVE OCCURRED, PLEASE EXPLAIN:

NAMES AND AGES OF SIBLINGS (PLEASE INCLUDE STEPSIBLINGS)

NAME _____

AGE _____ BIOLOGICAL SIBLING STEP SIBLING

NAME _____

AGE _____ BIOLOGICAL SIBLING STEP SIBLING

NAME _____

AGE _____ BIOLOGICAL SIBLING STEP SIBLING

NAME _____

AGE _____ BIOLOGICAL SIBLING STEP SIBLING

NAME _____

