

Patient Name: _____

Date(s) of Evaluation: _____

CURRENT SITUATION:

Family/household structure: Intact family Blended family Single-parent family Other/details: _____

Names and relationships of all those living in the home at least part-time:

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Full or Part-Time in Household</u>	<u>Relationship to Patient</u>

Names and relationships of any parents, step-parents, siblings, and/or step-siblings living outside the home:

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Residence Location</u>	<u>Relationship to Patient</u>

DEVELOPMENTAL/FAMILY HISTORY:

Born in (location): _____

Raised in same area? Yes No/details (including major moves and patient’s reactions to them): _____

Was the pregnancy planned? Yes No/details: _____

Were the parents married to each other at the time? Yes No/details: _____

Mother’s age at the time of pregnancy: _____ Mother’s reaction to the pregnancy: _____

Father’s age at the time of pregnancy: _____ Father’s reaction to the pregnancy: _____

Any complications during the pregnancy or delivery? No Yes/details: _____

Was the patient born within 2 weeks of the due date? Yes No/details: _____

Type of delivery: Vaginal Planned C-section Emergency C-section Other/details: _____

Patient’s condition at birth: Excellent Good Fair Poor Other/details: _____

Patient’s health as a newborn: Excellent Good Fair Poor Other/details: _____

Early temperament: Happy Irritable Quiet Busy Fussy Other/details: _____

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Developmental milestones attained (*normal in italics*):

- Rolled over < 3 months 3-5 months 6-8 months > 8 months
- Sat without support < 5 months 5-7 months 8-9 months > 9 months
- Crawled < 5 months 5-8 months 9-12 months > 12 months
- Walked well < 11 months 11-16 months 17-20 months > 20 months
- Spoke several words (besides mama/dada) < 10 months 11-14 months 15-18 months > 18 months
- Strung 3+ words together meaningfully < 20 months 21-27 months 28-36 months > 36 months
- Separated from mother easily < 2 years 2-3 years 3-4 years > 4 years
- Gained daytime bladder control < 2 years 2-3 years 3-4 years > 4 years
- Gained nighttime bladder control < 2.5 years 2.5-3.5 years 3.5-4.5 years > 4.5 years

Any regressions once milestones attained? No Yes/details: _____

Type(s) of family environment(s) patient has grown up in (check all that apply): Intact Split household Blended family Single-parent Other/details (including history of divorces, remarriages, and parenting/living arrangements): _____

Sibling status: Only child Oldest of _____ children Youngest of _____ children Other/details: _____

Patient's past/present relationship with mother (& step-mother/significant other if applicable): _____

Patient's past/present relationship with father (& step-father/significant other if applicable): _____

Patient's past/present relationships with siblings (& step-siblings if applicable): _____

Any history of physical, sexual, or emotional abuse? No Yes/details: _____

Any history of major trauma? No Yes/details: _____

Family conflict status (including open & suppressed conflict at each household & between households if applicable): _____

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ACADEMIC/SOCIAL/LEGAL HISTORY:

Patient's current school & grade (year) in school: _____

Current teacher or contact person at school: _____

Current/recent level of academic performance (GPA &/or grade range if applicable): _____

Does this represent a change from patient's typical or prior level of performance? No Yes/details: _____

Patient's academic strengths: _____

Areas/subjects of particular difficulty: _____

Has the patient ever been tested for or received services or accommodations for a learning disability or attention deficit disorder?

No Yes/details (including dates and results of testing): _____

Has the patient's behavior ever been brought to parents' attention by school personnel? No Yes/details: _____

Has the patient ever received detentions or been suspended or expelled from school? No Yes/details: _____

Patient's overall attitude toward school: _____

Any history of significant peer problems/conflicts? No Yes/details: _____

Any history of legal difficulties or involvement with the juvenile justice system? No Yes/details: _____

MEDICAL HISTORY:

Any current or recurrent medical conditions? No Yes/details: _____

Any history of major medical problems/surgeries/hospitalizations? No Yes/details: _____

Any history of head traumas? No Yes/details _____

Any history of seizures? No Yes/details _____

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Is the patient currently taking any prescription or over-the-counter medications or herbal supplements? No Yes/details:

Name of medication/supplement	Dosage	# times per day	Prescribing Doctor	Date started	Taken regularly?

Has the patient ever been prescribed any medications or taken any herbal supplements for emotional, attention or behavioral difficulties? No Yes/details: _____

Any known allergies, reactions, or intolerances to medications? No Yes/details: _____

Any medical issues/problems affecting or being affected by behavioral health/psychological factors? No Yes/details: _____

FAMILY MENTAL HEALTH/SUBSTANCE ABUSE HISTORY:

Have any of the patient’s family members/blood relatives ever experienced any emotional/psychological problems, learning problems, substance abuse problems, or attention or behavioral difficulties? No Yes/details: _____

Have any of the patient’s family members/blood relatives ever been given a mental health or substance abuse diagnosis, received any inpatient or outpatient mental health or substance abuse treatment, or been prescribed any medication for a mental health or substance abuse condition? No Yes/details: _____

PERSONAL MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT HISTORY:

Any prior inpatient or outpatient mental health treatment? No Yes/details (including when, where, with whom & results): _____

Any inpatient or outpatient substance abuse treatment or participation in an education or 12-step program for substance abuse difficulties? No Yes/details: _____

