

CHILD DEVELOPMENTAL HISTORY					DATE								
LAST NAME OF CHILD			FIRST NAME		LAST NAME OF FATHER <i>(Natural, Step, or Adoptive)</i>		FIRST NAME						
SEX	BIRTHDATE	STATE OF BIRTH	RACE		NATIONALITY		PREVIOUS MARRIAGE						
ADDRESS					CURRENT MARITAL STATUS								
					MARRIED		DATE		SEPARATED		DATE		
HOME PHONE		WORK PHONE			DIVORCED		DATE		WIDOWED		DATE		
CELL PHONE		CARRIER	EMAIL ADDRESS			LAST NAME OF MOTHER <i>(Natural, Step, or Adoptive)</i>			FIRST		MAIDEN		
REFERRED BY: <i>(Person or Agency)</i>					NATIONALITY			PREVIOUS MARRIAGE					
PHYSICIAN <i>(Family or Child's)</i> NAME AND ADDRESS					CURRENT MARITAL STATUS								
					MARRIED		DATE		SEPARATED		DATE		
					DIVORCED		DATE		WIDOWED		DATE		
FAMILY DATA													
<i>(List all members of immediate family at including parents and above child. Use plain white paper for any others and attach.)</i>													
NAME		RELATION TO CHILD		BIRTH DATE		OCCUPATION			SCHOOL AND GRADE COMPLETED		RELIGION		
1.													
2.													
3.													
4.													
5.													
6.													
<p>TREATMENT FOR NERVOUS OR EMOTIONAL PROBLEMS DIFFERS FROM OTHER TYPES OF TREATMENT, IN THAT THE FAMILY OR CHILD CANNOT BE HELPED BY PHYSICAL MEANS OR MEDICINE ALONE. IN ORDER FOR THE CLINIC TO UNDERSTAND YOUR PROBLEM SUFFICIENTLY TO BE OF ASSISTANCE TO YOU, WE NEED TO KNOW A NUMBER OF THINGS, SOME OF WHICH AT FIRST MAY NOT SEEM TO YOU TO BE MUCH RELATED TO THE PROBLEM YOU ARE HAVING. THIS FORM HAS BEEN PREPARED TO MAKE IT MORE CONVENIENT FOR YOU TO WRITE DOWN THE INFORMATION WHICH WILL BE MOST USEFUL TO THE CLINIC.</p> <p>AS YOU GO OVER THE QUESTIONS YOU WILL SEE THAT IN ADDITION TO KNOWLEDGE ABOUT THE PRESENT DIFFICULTY, WE NEED TO KNOW SOMETHING OF PAST PROBLEMS, THE BIRTH AND DEVELOPMENTAL HISTORY OF THE CHILD YOU WISH TO BRING TO THE CLINIC, AND DETAILED INFORMATION AS TO HIS ADJUSTMENT AT HOME, IN SCHOOL, IN THE NEIGHBORHOOD, AND IN OTHER GROUPS WITH WHOM HE ASSOCIATES. EQUALLY IMPORTANT TO US ARE THE SECTIONS DEALING WITH FATHER, MOTHER, BROTHERS, AND SISTERS. WE PARTICULARLY NEED TO KNOW HOW ALL OF YOU FEEL TOWARD EACH OTHER AND GET ALONG TOGETHER.</p> <p>PLEASE FEEL FREE TO CALL AND DISCUSS ANY QUESTIONS YOU MAY HAVE OR PROBLEMS ENCOUNTERED IN COMPLETING THE QUESTIONNAIRE. ALL INFORMATION RECORDED WILL BE AS CONFIDENTIAL AS POSSIBLE, EXCEPT AS YOU GIVE PERMISSION AT THE END OF THE FORM TO USE IT IN COOPERATING WITH YOUR PHYSICIAN OR THE SCHOOL TO HELP THE CHILD.</p>													
NAME OF PERSON(S) COMPLETING APPLICATION													

I. PRESENT PROBLEM

PLEASE DESCRIBE THE PRESENT PROBLEM OR SITUATION WITH WHICH YOU ARE REQUESTING CLINIC ASSISTANCE. *(If additional space is needed use plain paper and insert.)*

If the information is not already included in your discussion of the present problem, please respond to the following questions:

1. IS THE CHILD MORE OF A PROBLEM AT HOME OR AT SCHOOL? IN WHAT WAY IS THE CHILD'S BEHAVIOR DIFFERENT AT HOME, SCHOOL AND IN THE NEIGHBORHOOD?

2. WHEN AND IN WHAT WAY DID THE PRESENT PROBLEM FIRST COME TO YOUR ATTENTION?

3. WHAT, IF ANY, PARTICULAR EVENTS OR EXPERIENCES DO YOU THINK HAVE CAUSED OR LED UP TO THE PROBLEM?

4. HOW HAVE YOU TRIED TO SOLVE THE PROBLEM? *(HAS THERE BEEN ANY CHANGE IN THE PROBLEM AS A RESULT OF YOUR EFFORTS OR THOSE OF OTHERS?)*

5. DO YOU FEEL THAT THE CHILD IS AWARE OF ANY PROBLEM? ON WHAT DO YOU BASE YOUR ANSWER?

6. DO MOTHER AND FATHER AGREE AS TO THE EXISTENCE OR EXTENT OF THE PROBLEM? IF NOT, PLEASE EXPLAIN.

7. FROM WHAT PERSONS OR AGENCIES HAVE YOU SOUGHT HELP IN THE PAST? *(PLEASE LIST AND GIVE DATES OF CONTACT.)*

8. TELL US ABOUT YOUR CHILD. WHAT KIND OF A BOY OR GIRL IS HE *(SHE)*? HOW WOULD YOU DESCRIBE HIM *(HER)*?

II. PREVIOUS PROBLEMS

1. PLEASE DESCRIBE ANY OTHER PERIODS IN THE CHILD'S LIFE WHEN HE SEEMED TO BE EMOTIONALLY DISTURBED OR NERVOUS. WAS HELP REQUESTED OR RECEIVED?

2. SOME ITEMS OF BEHAVIOR FOLLOW ON THE NEXT PAGE. WE ARE INTERESTED IN KNOWING WHICH OF THESE YOUR CHILD HAS DISPLAYED IN THE PAST OR DISPLAYS NOW. CHECK (X) FOR THOSE ITEMS WHICH APPLY TO YOUR CHILD. IF YOU ARE NOT SURE ABOUT AN ITEM, PLACE A QUESTION MARK (?) BEFORE IT. LEAVE THE OTHER SPACES BLANK. PLEASE EXPLAIN THE ITEMS YOU CHECK IN THE SPACE PROVIDED BELOW. GIVE THE AGE OF YOUR CHILD AT THE TIME, AND THE EXTENT OF THE BEHAVIOR.

1. EXCESSIVE CRYING		12. CHRONIC CONSTIPATION		23. OTHER SLEEP DISTURBANCES	
2. EXCESSIVE NAIL BITING		13. CHRONIC DIARRHEA		24. TRUANCY	
3. EXCESSIVE VOMITING		14. TEMPER TANTRUMS		25. TICS	
4. THUMB-SUCKING		15. MASTURBATION		26. PHOBIAS	
5. FREQUENT HEAD-BANGING		16. EXTREME SHYNESS		27. FEARS	
6. FREQUENT CHEWING		17. EXTREME GOODNESS		28. FIRE-SETTING	
7. ALLERGIES		18. FIGHTING AND QUARRELING		29. ANXIETY STATES	
8. FOOD FADS		19. LYING		30. SEXUAL ACTIVITY	
9. STUTTERING		20. STEALING		31. TROUBLE WITH POLICE	
10. BEDWETTING AFTER AGE 3		21. FREQUENT NIGHTMARES		32. WITHDRAWAL FROM FRIENDS	
11. SOILING AFTER AGE 3		22. SLEEP WALKING		33. OTHER	

3. HAVE OTHER MEMBERS OF THE FAMILY, INCLUDING FATHER AND MOTHER, HAD EMOTIONAL OR NERVOUS DIFFICULTIES? PLEASE DESCRIBE. WAS HELP SOUGHT?

III. DEVELOPMENTAL HISTORY OF CHILD

A. PREGNANCY

1. WAS THE PREGNANCY PLANNED?

2. WAS THE PREGNANCY DESIRED?

3. WAS MOTHER PHYSICALLY WELL DURING PREGNANCY?

4. WAS MOTHER'S EMOTIONAL CONDITION GOOD?

DESCRIBE ANY DIFFICULTIES:

B. BIRTH

1. WAS THE BABY FULL TERM?

2. WHAT WAS BABY'S BIRTH WEIGHT?

3. IF PREMATURE, HOW MANY DAYS OR WEEKS EARLY WAS THE BABY?

4. WAS INCUBATION NECESSARY?

5. ABOUT HOW LONG DID LABOR LAST?

6. WAS RESUSCITATION NECESSARY? (BY USE OF OXYGEN OR REVIVING METHODS?)

7. WAS BABY DELIVERD BY CAESARIAN? (OMIT QUESTIONS 8, 9, AND 10 IF ANSWER TO 7 IS "YES")

8. WAS DELIVERY DIFFICULT?

9. WERE FORCEPS USED?

10. WAS LABOR FORCED? HOW?

11. WAS BABY MARKED, BRUISED, BLUE, OR JAUNDICED AFTER BIRTH?

C. FEEDING

1. WAS BABY BREAST FED? TO WHAT AGE? BOTTLE FED? TO WHAT AGE?

2. WAS BABY COLICKY? SICKLY?

3. WERE THERE ANY FEEDING DIFFICULTIES?

D. WALKING

1. AT WHAT AGE DID CHILD TAKE HIS FIRST STEPS ALONE?

2. DID YOU CONSIDER CHILD MORE OR LESS ACTIVE THAN AVERAGE?

3. WAS HE WELL COORDINATED OR NOT?

E. TALKING		
1. AT WHAT AGE DID BABY SAY FIRST WORDS, LIKE "MAMA"?	2. WHEN DID BABY BEGIN TO USE PHRASES AND SENTENCES	
3. WERE THERE ANY PROBLEMS OR DIFFICULTIES IN SPEECH DEVELOPMENT? IF SO, DESCRIBE.		
F. TOILET TRAINING		
1. AT WHAT AGE DID YOU BEGIN TOILET TRAINING?	2. AT WHAT AGE WAS BABY TOILET TRAINED COMPLETELY?	
3. DID BABY EVER GO BACK TO WETTING OR SOILING ONCE HE WAS TRAINED?	A. AT WHAT AGE DID THIS HAPPEN?	
	B. AT WHAT AGE FINALLY TRAINED?	
4. DOES CHILD WET BED AT PRESENT?	HOW OFTEN?	
5. DOES CHILD WET CLOTHING AT PRESENT?	HOW OFTEN?	
6. DOES CHILD SOIL CLOTHING AT PRESENT?	HOW OFTEN?	
G. HEALTH		
1. DOES CHILD FREQUENTLY RUN FEVER?	HOW HIGH?	2. HAVE THERE BEEN SERIOUS FALLS, INJURIES, OR ILLNESSES?
3. HAS CHILD EVER HAD A CONVULSION OR "SPELL"?	WHEN?	
4. PLEASE DESCRIBE AS CHRONOLOGICALLY AS POSSIBLE ANY SERIOUS HEALTH CONDITIONS CHILD HAS SUFFERED AND ANY SURGERY OR CORRECTIVE MEDICAL CARE.		
H. SEPARATIONS		
<i>(For example: Hospitalization of parent or child, boarding school, day care, camp, etc.).</i> HOW HAS CHILD FELT AND BEHAVED DURING SEPARATION? HAS THERE BEEN ANY DIFFICULTY IN GETTING THE CHILD TO GO TO SCHOOL IN THE BEGINNING OR SINCE? DESCRIBE:		
I. SOCIALIZATION		
1. HAS CHILD BEEN CUDDLY AND AFFECTIONATE?	2. IS CHILD A LEADER OR FOLLOWER?	
3. WHAT AGE PLAYMATES DOES CHILD PREFER?	4. DOES HE PREFER ADULT ASSOCIATION TO THAT OF CHILDREN?	
5. PLEASE DESCRIBE ANY CHANGES OR SHIFTS IN CHILD'S SOCIAL RELATIONSHIPS?		
6. WHAT PLAY ACTIVITIES DOES YOUR CHILD MOST ENJOY? MENTION ANY HOBBIES THE CHILD HAS.		

J. SCHOOL DEVELOPMENT

DESCRIBE EACH YEAR FROM NURSERY SCHOOL OR KINDERGARTEN TO THE PRESENT TIME IN CHRONOLOGICAL ORDER. INCLUDE ANY SPECIAL DIFFICULTIES OR SUCCESSES AND ACHIEVEMENTS. DESCRIBE CHILD'S ATTITUDE TOWARD SCHOOL AS IT HAS DEVELOPED TO THE PRESENT.

SCHOOL HISTORY

NAME OF SCHOOL		ADDRESS		PHONE
PRINCIPAL		PHONE	HOMEROOM TEACHER	
WHEN DID CHILD ENTER A SCHOOL?	AT WHAT AGE?		WHAT IS PRESENT GRADE?	
HOW MANY SCHOOLS HAS HE ATTENDED?	WHAT SORT OF GRADES DOES HE MAKE?		HAS HE EVER FAILED ANY GRADES?	

HAS THE CHILD HAD ANY EMOTIONAL OR BEHAVIORAL PROBLEMS IN A SCHOOL? YES NO
 HAVE YOU TALKED WITH THE TEACHERS ABOUT YOUR CHILD'S PROGRESS OR BEHAVIOR IN SCHOOL? YES YES
 DOES HE/SHE GET ALONG WITH OTHER CHILDREN IN SCHOOL? YES NO
 IF THE ANSWER TO ANY OF THESE IS YES, PLEASE DESCRIBE IN DETAIL:

IV. HISTORY OF THE FAMILY

1. BROTHERS AND SISTERS OF CHILD: PLEASE TELL US SOMETHING OF THE FEELINGS AND ATTITUDES OF THE BROTHERS AND SISTERS TOWARD THE CHILD FOR WHOM YOU ARE SEEKING HELP, AND HE TOWARD THEM. HOW DOES THE CHILD COMPARE IN ABILITY TO BROTHERS AND SISTERS, AND DO ANY OF THEM HAVE SPECIAL TALENT? HAVE THE BROTHERS AND SISTERS HAD ANY SIMILAR OR OTHER EMOTIONAL DISTURBANCES, OR LONG PERIODS OF POOR HEALTH? IF SO, HAVE THEY IMPROVED?

2. FATHER AND MOTHER: PLEASE TELL SOMETHING OF YOUR OWN BACKGROUND AND DEVELOPMENT, GIVING BIRTHPLACE, NATIONALITY, SIZE OF FAMILY, ECONOMIC CONDITION AND RELIGIOUS AFFILIATION. DESCRIBE ANY SIGNIFICANT FACTS ABOUT YOUR OWN PARENTS, INCLUDING OCCUPATION, EDUCATION, AND PERSONALITY TRAITS. HOW DID YOU GET ALONG TOGETHER AS A FAMILY? WERE THERE ANY SPECIAL PROBLEMS, SUCH AS DRINKING, SEPARATIONS, PHYSICAL, MENTAL, OR EMOTIONAL ILLNESSES? WHAT INFLUENCE HAVE YOUR PARENTS, RELATIVES, OR OTHER PERSONS HAD IN THE RAISING OF YOUR CHILDREN? IF CHILD'S GRANDPARENTS ARE DECEASED, PLEASE GIVE DATE AND CAUSE OF DEATH.

3. MENTION HOW AND WHEN, YOU AS PARENTS, DISCIPLINE YOUR CHILDREN.	
4. WE ARE INTERESTED IN HOW THE PARENTS FEEL ABOUT SEX. WHAT SEXUAL INFORMATION DO THEY GIVE THEIR CHILDREN?	
5. WHAT IS THE FAMILY ATTITUDE TOWARD RELIGION? MENTION HOW OFTEN THEY PRAY AND ATTEND CHURCH.	
6. GIVE DATES OF MILITARY SERVICE, BRNACH OF SERVICE, AND TYPE OF DISCHARGE FOR EACH PARENT, IF APPLICABLE.	
7. EMPLOYMENT HISTORY OF MOTHER	
A. PRESENT OCCUPATION	B. PLACE OF EMPLOYMENT
C. FOR EACH PARENT, PLEASE GIVE DESCRIPTION OF TYPES OF EMPLOYMENT INCE COMPLETION OF SCHOOLING:	
8. MARRIAGE: HOW DID CHILD'S PARENTS MEET? HOW LONG DID YOU KNOW EACH OTHER BEFORE MARRIAGE? WERE THERE ANY SPECIAL PROBLEMS (<i>financial, religious, sexual, personality, etc.</i>) EARLY IN THE MARRIAGE? IF SO, PLEASE DESCRIBE. HAVE THERE BEEN ANY CHANGES IN THE MARITAL ADJUSTMENT SINCE THE BIRTH OF YOU CHILDREN? PLEASE DESCRIBE AND EVALUATE CURRENT MARITAL ADJUSTMENT. DO YOU AGREE OR DISAGREE ON SUCH MATTERS AS: RAISING THE CHILDREN, FAMILY FINANCES HUSBAND'S OR WIFE'S EMPLOYMENT, RECREATION, ETC? ARE BOATH PAENTS IN AGREEMENT ABOUT SEEKING CLINIC HELP?	
<i>Use extra sheet of paper if necessary and attach.</i>	
DOES THE CLINIC HAVE YOUR PERMISSION TO DISCUSS THE CHILD FOR WHOM YOU ARE SEEKING HELP WITH THE FOLLOWING:	
SCHOOL	<input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICIAN	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHERS	<input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE	DATE

If extra space is needed for any item on this questionnaire, use plain white paper for extra sheets and attach.