

# BEHAVIORAL/MEDICAL HISTORY

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

What is your concern?

\_\_\_\_\_

\_\_\_\_\_

## Circle areas of concern:

health problem	risk taking	unhappy at school	test taking	speech
absenteeism	peer relations	motor skills	homework	reading
motivation	immaturity	attention	completing work	writing
disobedience	self-esteem	distractibility	copying from board	spelling
inappropriate sounds	anger control	inconsistent performance	retaining information	math
inappropriate movements	hyperactivity	disruptive behavior		

Primary Physician: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

School Performance: (circle only one) Great Good Average Poor Failing

When did problems begin? \_\_\_\_\_

Y N Has child been retained? What grade? \_\_\_\_\_

Y N Has child had IEP/504 evaluation?

Y N Special education classes? What classes? \_\_\_\_\_

Y N Currently tutored? What classes? \_\_\_\_\_

## Past Medical History:

Y N Chronic illness? \_\_\_\_\_

Y N Previously diagnosed ADHD?

When? \_\_\_\_\_

By whom? \_\_\_\_\_

Any medicines tried? \_\_\_\_\_

Y N Currently taking medication? \_\_\_\_\_

Y N Heart defect/heart problems? \_\_\_\_\_

Has your child ever had the following?

Y N head injury    Y N near-drowning    Y N poisoning    Y N seizures

Y N vision problem    Y N hearing problem    Y N headaches

Y N meningitis or encephalitis    Y N stomachaches    Y N tics/repetitive movement

**Birth History:**

- Y N Did the mother have problems with the pregnancy? What were they? \_\_\_\_\_
- Y N Use of recreational drugs or alcohol during the pregnancy? \_\_\_\_\_
- Y N Did the mother have any depression during or after the pregnancy?
- Y N Was the child full term?
- Y N Did the child cry and have good color after delivery?
- Y N Has the child developed normally?

Has the child had any problems with the following?

- |                     |                        |                              |
|---------------------|------------------------|------------------------------|
| Y N bed wetting     | Y N destructiveness    | Y N anxiety                  |
| Y N snoring         | Y N sleep problems     | Y N depression               |
| Y N stool soiling   | Y N cruelty to animals | Y N lying                    |
| Y N temper outburst | Y N self injury        | Y N getting along with peers |
| Y N mood changes    | Y N stealing           | Y N fire setting             |

**Family History:**

Is there anyone in the family with the following problems? (M=mother F=father S=sibling, etc)

- ADHD \_\_\_\_\_ depression \_\_\_\_\_ OCD \_\_\_\_\_
- alcoholism \_\_\_\_\_ school problems \_\_\_\_\_ bipolar \_\_\_\_\_
- Tourette's syndrome \_\_\_\_\_ drug addiction \_\_\_\_\_

Any close family member with prolonged QT syndrome, congenital heart defect or sudden cardiac death before the age of 40? \_\_\_\_\_

**Social History:**

Extracurricular activities: \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Has there been a major stress in your child's life?

- Y N Divorce? When? \_\_\_\_\_
- Y N Serious illness or death of a loved one? Who? \_\_\_\_\_ When? \_\_\_\_\_
- Y N Traumatic events? What and when? \_\_\_\_\_
- Y N Experienced sexual or physical abuse? \_\_\_\_\_
- Y N Are there any future foreseeable stressors? \_\_\_\_\_

**Other areas not addressed:**