

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: