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CHILD/ADOLESCENT DEVELOPMENT/HEALTH QUESTIONNAIRE

Client's name _____

Pregnancy and delivery

Prenatal medical illnesses and health care _____

Height and weight at birth _____ Was your child premature? _____

Any complications or problems? _____

Personality/temperament as a baby _____

Milestones: At what age did your child achieve these milestones?

Sit with support _____ Crawled _____

Walked without holding on _____ Stayed dry all day _____

Stayed dry all night _____ Said first words _____

Said first sentence _____ Toilet trained _____

Any delays in reaching developmental milestones? _____

If yes, please explain _____

History of eating problems? _____

History of sleeping problems? _____

Any concerns about speech and language? _____

Any learning difficulties? _____

Has your child ever received services from a speech pathologist? _____

Health/Medical History

Describe any and all illnesses, injuries, or surgeries your child has experienced:

<i>Illness</i>	<i>Date</i>	<i>Lasting effects</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever been hospitalized? _____

If yes, please list dates and reasons: _____

Has your child ever had a concussion or serious head trauma? _____

Has your child ever had a seizure? _____

Current medications or special diets _____

Has any relative ever had any medical or emotional difficulty? Mood disorders? Anxiety?

ADHD? Learning disabilities? Alcohol or drug problems? Please explain: _____

Does your child smoke cigarettes? _____ How much? _____ Age started? _____

Does your child drink? _____ Socially? _____ Alone? _____

Does your child use drugs? _____ Socially? _____ Alone? _____

Has your child ever received treatment for a substance abuse problem? _____

Has your child ever been arrested? _____ Convicted of a crime? _____

If so, please explain _____

What approaches to discipline do you typically use? _____

Please list hobbies, sports, recreational, TV, and toy preferences; any special skills or talents:

Please list specific concerns that you wish to be covered in initial intake evaluation:

Please list any goals you have in bringing your child to our practice: _____
