

A Brief History (Elementary)

Student ___ Filled out by: Mother ___ Father ___ Other ___.

The following will give us a little background history which is particularly important in helping to identify childhood problems such as attention deficit, anxiety, depression, etc. It also gives you an opportunity to point out other factors that may be influencing the behaviors we see at school.

1. Has your child ever had an assessment like this done before:
Yes No If yes, where & when was it done? ___.
2. Were there some inattentive or hyperactive-impulsive symptoms present before age 7 years?
Yes No
3. Are there any indications of depression, anxiety, or other emotional difficulties?
Yes No
4. Do symptoms described in question 2 and/or 3 cause him/her trouble in two or more setting (school, home, socially, work)? Yes No
5. Are there any emotional or psychological problems that you are aware of that may be causing or influencing the behaviors you have indicated are present? ___.

6. PRENATAL INFORMATION

Were there any complications in the pregnancy or delivery that affected the child? Yes No

Describe: ___.

Was there smoking during the pregnancy? ___.

Was there alcohol consumption during the pregnancy? ___.

Indicate any medications or drugs used during pregnancy ___.

7. INFANCY-TODDLER BACKGROUND

Check and/or explain any of these behaviors that occurred more frequently than with other infants/toddlers.

Resisted cuddling ___.

Difficulty being calmed by being held or stroked ___.

Colic ___ Excessive restlessness ___.

Difficulty sleeping long or well ___.

Head banging ___.

Constantly into everything ___.

Excessive number of accidents ___.

Did your child have any trouble developing normal attachment or bonding with his/her mother or father? ___.

At what age did your child begin walking? ___.

At what age did your child begin talking? ___.

8. SCHOOL

Please rate your child's academic experiences:

Nursery school (Good-Average-Poor) ____.
Kindergarten (Good-Average-Poor) ____.
Elementary school (Good-Average-Poor) ____.
Current grade (Good-Average-Poor) ____.

Indicate any remedial help or counseling the child has had or is now receiving ____.

9. FRIENDS AND HOME

State areas of greatest accomplishment. ____.

State main hobbies and interests. ____.

With whom in your family does your child have the best relationship? ____.

Does your child try to make friends with other children? (Yes No) ____.

Do other children seek your child's friendship? (Yes No) ____.

Does your child primarily play with children his or her own age, younger, or older? ____.

Describe any problems your child may have with other children. ____.

Has your child had any head injuries, other serious injuries or illnesses, or persistently high fevers?

____.

Does your family have any history of: ____.

___ attention deficit	___ hyperactivity	___ anxiety	___ depression
___ dyslexia	___ sleep apnea	___ tourettes	___ bipolar
___ seizure disorders	___ narcolepsy	___ other	_____

Has your child been on any medications for any of the above, and if so what medications has he/she been on? ____.

10. ADDITIONAL COMMENTS: ____.