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CHILD BACKGROUND INFORMATION

NAME OF CHILD _____ DATE _____

HOME ADDRESS _____

HOME PHONE _____ WORK PHONE _____

BIRTHDATE _____ AGE _____ BIRTHPLACE _____

RACE _____ SEX _____ GRADE _____

NAME OF SCHOOL _____ PHONE _____

SCHOOL ADDRESS _____

NAME OF PERSON COMPLETING INFORMATION _____

RELATIONSHIP TO THE CLIENT _____

REFERRED BY _____ RELATIONSHIP _____

NAME OF FAMILY PHYSICIAN _____

ADDRESS OF PHYSICIAN _____

PARENT'S OCCUPATION _____

BUSINESS ADDRESS _____

FAMILY UNIT

NAME

RELATIONSHIP

BIRTHDATE

NAME	RELATIONSHIP	BIRTHDATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE COMPLETE THE FOLLOWING INFORMATION. BE AS THOROUGH AS POSSIBLE.

1. DESCRIBE THE REASONS FOR SEEKING PSYCHOLOGICAL TREATMENT:

2. INDICATE THE AGE AT WHICH THE PROBLEMS BEGAN AND WHAT YOU BELIEVE MAY BE THE PROBABLE CAUSES:

3. DESCRIBE THE COURSE OF THE PROBLEM (GOTTEN BETTER, WORSE, OR VARIED UNDER DIFFERENT CIRCUMSTANCES?):

4. DESCRIBE HOW THE CHILD GETS ALONG WITH SIBLINGS , PARENTS, OTHER CHILDREN, ADULTS, AND TEACHERS:

5. DESCRIBE THE MOODS OR FEELINGS YOU OBSERVE IN THE CHILD:

6. IS THERE ANY PROBLEM YOU NOTICE REGARDING PLAY OR RECREATION?:

DEVELOPMENTAL HISTORY

NATAL HISTORY

1. WAS THE PREGNANCY PLANNED OR UNPLANNED? _____

2. PREGNANCY FACTORS: Elaborate any condition and when it occurred in the pregnancy

BLEEDING:

MEDICATIONS:

EMOTIONAL STRESS:

ACCIDENTS:

VOMITING:

WEIGHT GAIN:

BLOOD PRESSURE ELEVATION:

ALCOHOL OR DRUG USE:

3. DELIVERY:

Was the baby born at the expected time? _____ Birth Weight _____

Length _____ Head Circumference _____

Duration of Labor _____

Normal or Breech Delivery _____

Cesarean Section? _____ Reasons _____

Type of Anesthesia: _____

Cry Immediately? _____ If Not, What Response? _____

Marks on Head or Face, etc.? _____

Anything unusual About Delivery (e.g. Chord around neck?): _____

3. POSTNATAL:

Any Frequent Illness (e.g. vomiting diarrhea, dehydration)?

Any Feeding Problems or frequent formula changes?

Frequent Colds?

"Good Baby," If Not, Why?

Was Infant "Very Good", How?

When Did Baby Sleep All Night?

4. DEVELOPMENTAL PERIODS (Give Age)

Crawled:

Walked Alone:

Toilet Trained:

Pedaled Tricycle:

Bedwetting:

Tied Shoelaces:

Watched T.V. For More Than 20 Minutes:

Spoke First Words: _____ Sentences: _____ Spoke Clearly _____

Does Child Skip?:

Any Awkwardness:

Throw A Ball An Intended Direction:

Does (S)He Color: _____ Quality _____

Does (S)He Use Scissors?

Does (S)He Follow Instructions And Directions From Parents?

How Does The Child Sleep At Night (nightmares, grits teeth, restless, etc.)?

HISTORY OF ILLNESS

1. WHICH, IF ANY, CHILDHOOD DISEASES?
2. ANY ALLERGIES THAT YOU KNOW OF?
3. ANY PROLONGED HIGH FEVER (104+)?
4. ANY CONVULSIONS WITH OR WITHOUT FEVER (describe any fainting, breath holding, or loss of balance)?
5. ANY INJURIES TO THE HEAD?
6. ANY INJURIES REQUIRING MEDICAL ATTENTION AND, IF SO, WHEN (use back of sheet if necessary)?
7. ANY HOSPITALIZATION AND, IF SO, WHERE, WHY AND AGES OF THE CHILD?
8. ANY DRUGS WHICH HAVE HAD AN ADVERSE EFFECT?

9. ANY MEDICATIONS PRESENTLY BEING TAKEN?

10. ANY LAB WORK DONE (e.g. x-rays, EEG, etc.)?

11. DOES CHILD EAT HIGH AMOUNT OF SWEETS?

PERSONALITY TRAITS

1. CHECK APPROPRIATE ITEMS AND DESCRIBE:

Tense_____	Relaxed_____	Restless_____	Calm_____
Daydreams_____	Self Starter_____	Active_____	Sluggish_____
Stubborn_____	Cooperative_____	Manageable_____	Rebellious_____
Happy_____	Sad_____	Angry_____	Loving_____
Aloof_____	Friendly_____	Secure_____	Insecure_____
Unable To Tolerate Separation From Special Objects Or Persons Without Considerable Distress_____			
Bold_____	Cautious_____	Generous_____	Jealous_____
Cruel_____	Affectionate_____	Social_____	Withdrawn_____

2. HAS THERE BEEN NOTICEABLE CHANGES IN BEHAVIOR OR PERSONALITY DURING HIS OR HER LIFE? EXPLAIN:

3. HOW MANY MOVES IN HOMES HAVE YOU MADE AND WHAT WAS THE AGE OF THE CHILD WHEN THEY WERE MADE?

SCHOOL HISTORY

1. DID CHILD ATTEND PRESCHOOL? _____ AGE OF ENTRANCE

_____ BEHAVIOR EVER A CONCERN TO TEACHER?

THINGS CHILD LIKED ABOUT PRESCHOOL?

2. GRADE SCHOOL:

Kindergarten: Age At Entrance _____ Separation Fears? _____

Did Teacher Comment About Any Difficulties Your Child Had In Learning? _____

In Behavior? _____

Elementary Grades:

Difficulties In Writing (e.g. letter reversals, poor coordination, memory of letters or numbers)?

Difficulties In Reading Or In Arithmetic? Please Describe:

What Are The Child's Strengths In School?

FAMILY HISTORY

1. DESCRIBE FOR EACH PARENT THE QUALITY OF THEIR OWN HOME LIFE AS A CHILD (e.g. happy, tense, poor communication of parents, problems of children relating to their parents, stability or security, religious commitment, etc.).

2. MARRIAGE: DESCRIBE YOUR MARRIAGE RELATIONSHIP, COMMUNICATION STYLE, CONFLICTS AND AGREEMENT ON DISCIPLINE OF THE CHILDREN.

3. DID EITHER OR BOTH PARENTS HAVE ANY SIMILAR CHARACTERISTICS OR PROBLEMS THAT THE CHILD DISPLAYS? EXPLAIN

4. DOES EITHER PARENT RELATE DIFFERENTLY TO THE CHILD?

5. HOW DOES THE CHILD GET ALONG WITH OTHER CHILDREN IN THE FAMILY? NEIGHBORHOOD?