

3. What do you think may be causing your child's problem(s)?:

4. Describe the course of pregnancy (complications, etc.):

5. Describe the delivery (anesthesia, cesarean, complications):

6. Describe the infant's condition at birth:

7. What was your family's situation surrounding the time of your child's birth?:

8. Have there been any medical problems or procedures beyond normal childhood illnesses or accidents? If so, please describe (e.g., hospitalizations, broken bones, tubes in ears, etc.):

9. Does your child have allergies or asthma? If so, please describe:

10. At approximately what age did your child do the following? (These may be difficult to remember; estimates are acceptable.)

<input type="checkbox"/> Sit up	<input type="checkbox"/> Walk alone	<input type="checkbox"/> Started preschool
<input type="checkbox"/> Spoke first Words	<input type="checkbox"/> Spoke in sentences	<input type="checkbox"/> Began puberty
	<input type="checkbox"/> Toilet trained day	<input type="checkbox"/> Toilet trained night

11. Has your child ever received or been considered for or evaluated for special education services? If yes, what type of services and for what grades?:

12. How does your child currently do in school? (academic & behavior):

13. Briefly describe your child's school history including academic work & behavior (summarize across grades if academics and behavior did not change):

Kindergarten:	1 st Grade:	2 nd Grade:
3 rd Grade:	4 th Grade:	5 th Grade:
Middle School:	High School:	

14. How does your child get along with peers and siblings?:
15. How would you describe your child's personality?:
16. What are your child's strengths and interests?:
17. Has either parent lived apart from the child for any extended period of time? If so, when and for how long? If parents are separated or divorced, what is the typical visitation situation:
18. Describe any past stressful psychological events experienced by your child such as abuse, traumatic experience, death of close friend or family member, death of pet, etc.:
19. Has any member of the extended family (parents, grandparents, uncles, aunts, cousins) experienced any emotional or behavioral problems? Did they receive any treatment for these problems?
20. Alcohol use by mother: father: step-parent:
21. Alcohol or substance abuse by child: No Yes (if yes, please describe):
22. List family moves and their dates since birth of this child:
23. Previous marriages (specify father/mother):
24. How would you describe your marriage or relationship with spouse, partner, boyfriend or girlfriend ? On what issues do you disagree?:
25. What type of discipline do you use for your child and how does it work?:
26. How have you explained to your child that you are bringing him/ her to see a therapist?:
26. Additional comments or remarks:

 Signature(s) of respondent(s)

 Date