

Developmental and Medical History

Child's Name:

This form filled out by:

___ Mother

___ Grandmother

___ Father

___ Grandfather

Child's birth date : ___ / ___ / ___

___ Other (specify) _____

Child's Age: _____

Name of person filling out form:

Child's Sex: ___ Boy ___ Girl

Grade: _____

Your home phone #: _____

Today's Date: ___ / ___ / ___

Referred by: _____



Please return to:

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I. DEVELOPMENTAL FACTORS

A. Prenatal History

1. How was your health during pregnancy? Good ___ Fair ___ Poor ___ Don't know ___

2. How old were you when your child was born? Age: _____ years

Do you recall using any of the following substances or medications during pregnancy?

3. Beer or wine ___ Never ___ Once or twice ___ 3-9 times ___ 10-19 times ___ 20-39 times ___ 40+ times - Describe: _____

4. Hard liquor ___ Never ___ Once or twice ___ 3-9 times ___ 10-19 times ___ 20-39 times ___ 40+ times - Describe: _____

5. Coffee or other caffeine (Cokes, etc.) Taken together, how many times? ___ Never ___ Once or twice ___ 3-9 times ___ 10-19 times ___ 20-39 times ___ 40+ times - Describe: _____

6. Cigarettes ___ Never ___ Once or twice ___ 3-9 times ___ 10-19 times ___ 20-39 times ___ 40+ times - Describe: _____

7. Did you ingest any of the following substances? ___ Valium (Librium, Xanax) ___ Tranquilizers ___ Antiseizure medications (e.g., Dilatin) ___ Treatment for diabetes ___ Antibiotics (for viral infections) ___ Sleeping pills ___ Other - specify: _____

B. Perinatal History

8. Did you have toxemia or eclampsia? No ___ Yes ___ Don't know ___

9. Was there Rh factor incompatibility? No ___ Yes ___ Don't know ___

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10. Was (s)he born on schedule? Yes ___
No: _____ weeks early ___
No: _____ weeks late ___

11. What was the duration of labor? _____ hours

12. Were you given any drugs to ease the pain during labor? No ___
Yes ___
Drug: _____ Don't know ___

13. Were there indications of fetal distress during labor or during birth? No ___
Yes ___
Don't know ___

14. Was delivery Normal? No ___
Yes ___
Don't know ___
Breech? No ___
Yes ___
Don't know ___
Caesarian? No ___
Yes ___
Don't know ___
Forceps? No ___
Yes ___
Don't know ___
Induced? No ___
Yes ___
Don't know ___

15. What was child's birth weight? _____pounds, _____ounces

16. Were there any health complications following birth? No ___
Yes ___
If yes, specify: _____

C. Postnatal Period and Infancy

17. Were there early infancy feeding problems? No ___
Yes ___
If yes, describe:

18. Was the child colicky? No ___
Yes ___
If yes, describe:

19. Were there early infancy sleep pattern difficulties? No ___
Yes ___
If yes, describe:

20. Were there problems with the infant's responsiveness (alertness)? No ___
Yes ___
If yes, describe:
21. Did the child experience any health problems during infancy? No ___
Yes ___
If yes, describe:
22. Did the child have any congenital problems? No ___
Yes ___
If yes, describe:
23. Was the child an easy baby? By that I mean did (s)he cry a lot? Did (s)he follow a schedule fairly well? Very easy ___
Easy ___
Average ___
Difficult ___
Very difficult ___
24. How did the child behave with other people? More sociable than average ___
Average sociability ___
More unsociable than average ___
25. When (s)he wanted something, how insistent was (s)he? Very insistent ___
Pretty insistent ___
Average ___
Not very insistent ___
Not at all insistent ___
26. How would rate the activity level of the child as an infant/toddler? Very active ___
Active ___
Average ___
Less active ___
Not active ___

D. Developmental Milestones

27. At what age did (s)he sit up? _____ months
28. At what age did (s)he crawl? _____ months
29. At what age did (s)he walk? _____ months

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30. At what age did (s)he speak single words (other than "mama" or "dada")? _____ months
31. At what age did (s)he string two or more words together? _____ months
32. At what age was (s)he toilet trained? (Bladder control)
- | | |
|--------------|-----|
| Under 1 year | ___ |
| 1-2 years | ___ |
| 2-3 years | ___ |
| 3-4 years | ___ |
| Don't know | ___ |
33. At what age was (s)he toilet trained? (Bowel control)
- | | |
|--------------|-----|
| Under 1 year | ___ |
| 1-2 years | ___ |
| 2-3 years | ___ |
| 3-4 years | ___ |
| Don't know | ___ |
34. Approximately how much time did toilet training take from onset to completion?
- | | |
|--------------------|-----|
| Less than 1 month | ___ |
| 1-2 months | ___ |
| 2-3 months | ___ |
| More than 3 months | ___ |

II. MEDICAL HISTORY

35. How would describe his/her health?
- | | |
|-----------|-----|
| Very good | ___ |
| Good | ___ |
| Fair | ___ |
| Poor | ___ |
| Very poor | ___ |
- If less than Good, describe:
36. How is his/her hearing?
- | | |
|------|-----|
| Good | ___ |
| Fair | ___ |
| Poor | ___ |
- If less than Good, describe:
37. How is his/her vision?
- | | |
|------|-----|
| Good | ___ |
| Fair | ___ |
| Poor | ___ |
- If less than Good, describe:
38. How is his/her gross motor coordination?
- | | |
|------|-----|
| Good | ___ |
| Fair | ___ |
| Poor | ___ |
- If less than Good, describe:
39. How is his/her fine motor coordination?
- | | |
|------|-----|
| Good | ___ |
| Fair | ___ |
| Poor | ___ |
- If less than Good, describe:
40. How is his/her speech articulation?
- | | |
|------|-----|
| Good | ___ |
| Fair | ___ |
| Poor | ___ |
- If less than Good, describe:

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41. Has (s)he had any chronic health problems (e.g., asthma, diabetes, heart condition)? No ___
Yes ___
If yes, please, specify: _____

42. When was the onset of any chronic illness? Birth ___
0-1 year ___
1-2 years ___
2-3 years ___
3-4 years ___
Over 4 years ___

43. Which of the following illnesses has the child had? Mumps ___
Chicken pox ___
Measles ___
Whooping cough ___
Scarlet fever ___
Pneumonia ___
Encephalitis ___
Otitis media ___
Lead poisoning ___
Seizures ___
Other diseases, specify: _____

44. Has the child had any accidents resulting in the following?
Please describe: Broken bones ___
Severe lacerations ___
Head injury ___
Severe bruises ___
Stomach pumped ___
Eye injury ___
Lost teeth ___
Sutures ___
Other accidents, specify: _____

45. How many accidents?
Describe: One ___
2-3 ___
4-7 ___
8-12 ___
Over 12 ___

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46. Has (s)he ever had surgery for any of the following conditions?
 Describe:

	Tonsillitis	___
	Adenoids	___
	Hernia	___
	Appendicitis	___
	Eyes, ear, nose, & throat	___
	Digestive disorder	___
	Urinary tract	___
	Leg or arm	___
	Burns	___

Other, specify: _____

47. How many times?

	Once	___
	Twice	___
	3-5 times	___
	6-8 times	___
	Over 8 times	___

48. Duration of hospitalization?

	One day	___
	One day + night	___
	2-3 days	___
	4-6 days	___
	1-4 weeks	___
	1-2 months	___
	Over 2 months	___

49. Is there any suspicion of alcohol or drug use?
 Describe:

	No	___
	Yes	___
	Don't Know	___

50. Is there any history of physical/sexual abuse or neglect?
 Describe:

	No	___
	Yes	___
	Don't Know	___

51. Does the child have any problems sleeping?

	None	___
	Difficulty falling asleep	___
	Sleep continuity disturbance	___
	Early morning awakening	___

52. Is the child a restless sleeper?

	No	___
	Yes	___
	Don't Know	___

53. Does the child have bladder control problems *at night*?

	No	___
	Yes	___

If yes, how often? _____

If yes, was (s)he ever continent?

	No	___
	Yes	___

57. Has the child had any of the following forms of psychological treatment? If so, how long did it last?

Treatment	Duration of therapy	Therapist/Doctor/Center
___ Individual psychotherapy	_____	_____
___ Group psychotherapy	_____	_____
___ Family therapy with child	_____	_____
___ Inpatient treatment	_____	_____
___ Residential treatment	_____	_____

IV. SCHOOL HISTORY

Current grade: _____

Name all the schools your child has attended. Mark any grade that was repeated, and explain the reason for the retention.

Grade	School	Repeated Grade?
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Pre-K:

Kindergarten:

Grade 1:

Grade 2:

Grade 3:

Grade 4:

Grade 5:

Grade 6:

Grade 7:

Grade 8:

Grade 9:

Grade 10:

Grade 11:

Grade 12:

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Please summarize the child's progress (e.g., academic, social, testing) within each of these grade levels:

Preschool:

Kindergarten:

Grades 1 thru 3:

Grades 4 thru 6:

Grades 7 thru 9:

Grades 10 thru 12:

58. Has the child ever been in any type of special educational program, and if so, how long?

<u>Treatment</u>	<u>Grades / Duration</u>
___ Learning disabilities class	_____
___ Behavioral/emotional disorders class	_____
___ Resource room	_____
___ Speech and language therapy	_____
___ Occupational therapy	_____
___ Physical therapy	_____
___ Other (Please specify)	_____

59. Has the child ever been:

Suspended from school	___
Number of suspensions	___
Expelled from school	___
Number of expulsions	___
Retained in grade	___
Number of retentions	___

60. Have any additional institutional modifications been attempted?

- None _____
- Behavior modification program _____
- Daily/weekly report card _____
- Other (please specify) _____

V. SOCIAL HISTORY

61. How does the child get along with his or her brothers/sisters?

- Doesn't have any _____
- Better than average _____
- Average _____
- Worse than average _____

62. How easily does the child make friends?

- Easier than average _____
- Average _____
- Worse than average _____
- Don't know _____

63. On the average, how long does your child keep friendships?

- Less than 6 months _____
- 6 months–1 years _____
- More than 1 year _____
- Don't know _____

VI. CURRENT BEHAVIORAL CONCERNS

Primary concerns (List below):

Other (related) concerns (List below):

64. What strategies have been implemented to address these problems?
(Check which have been successful)

- Rewards _____
- Verbal reprimands _____
- Time out (isolation) _____
- Removal of privileges _____
- Physical punishment _____
- Acquiescence to child _____
- Avoidance of child _____

65. On the average, what percentage of the time does your child comply with initial commands?

- 0–20% _____
- 20–40% _____
- 40–60% _____
- 60–80% _____
- 80–100% _____

66. On the average, what percentage of the time does your child eventually comply with commands?

- 0–20% _____
- 20–40% _____
- 40–60% _____
- 60–80% _____
- 80–100% _____

67. To what extent are you and your spouse consistent with respect to disciplinary?

- Most of the time _____
- Some of the time _____
- None of the time _____

68. Have any of the following stressful events occurred within the past 12 months?
- Parents divorced or separated _____
 - Family accident or illness _____
 - Death in family _____
 - Parent changed job _____
 - Changed schools _____
 - Family moved _____
 - Family financial problems _____
 - Other (please specify) _____

VII. DIAGNOSTIC CRITERIA

69. Which of the following are considered to be a significant problem at the present time?
- Often blurts out answers to questions before they have been completed _____
 - Difficulty remaining seated _____
 - Easily distracted _____
 - Difficulty awaiting turn _____
 - Fidgets _____
 - Difficulty following instructions _____
 - Difficulty sustaining attention _____
 - Shifts from one activity to another _____
 - Difficulty playing quietly _____
 - Often talks excessively _____
 - Often interrupts or intrudes on others _____
 - Often does not listen _____
 - Often loses things _____
 - Often engages in physically dangerous activities _____
- TOTAL for ADHD = ____ (8 or more)

When did these problems begin? (Specify age): _____

70. Which of the following are considered to be a significant problem at the present time?
- Often loses temper _____
 - Often argues with adults _____
 - Often actively defies or refuses adult requests or rules _____
 - Often deliberately does things that annoy other people _____
 - Often blames others for own mistakes _____
 - Is often touchy or easily annoyed by others _____
 - Is often angry or resentful _____
 - Is often spiteful or vindictive _____
 - Often swears or uses obscene language _____

TOTAL for Oppositional Defiant Disorder = ____ (5 or more)

When did these problems begin? (Specify age): _____

71. Which of the following are considered to be a significant problem at the present time?

- Stolen without confrontation _____
- Ran away from home overnight at least twice _____
- Lies often _____
- Deliberate fire-setting _____
- Often truant _____
- Breaking and entering _____
- Destroyed others' property _____
- Cruel to animals _____
- Forced someone else into sexual activity _____
- Used a weapon in a fight _____
- Often initiates physical fights _____
- Stolen with confrontation _____
- Physically cruel to people _____

TOTAL for Conduct Disorder = ____ (3 or more)

When did these problems begin? (Specify age): _____

72. Which of the following are considered to be a significant problem at the present time?

- Unrealistic and persistent worry about possible harm to attachment figures _____
- Unrealistic and persistent worry that a calamitous event will separate the child from the attachment figure _____
- Persistent school refusal _____
- Persistent refusal to sleep alone _____
- Persistent avoidance of being alone _____
- Repeated nightmare re: separation _____
- Somatic complaints _____
- Excessive distress in anticipation of separation from attachment figure _____
- Excessive distress when separated from home or attachment figures _____

TOTAL for Separation Anxiety Disorder = ____ (3 or more)

When did these problems begin? (Specify age): _____

73. Which of the following are considered to be a significant problem at the present time?

- Unrealistic worry about future events _____
- Unrealistic concern about appropriateness of past behavior _____
- Unrealistic concern about competence _____
- Somatic complaints _____
- Marked self-consciousness _____
- Excessive need for reassurance _____
- Marked inability to relax _____

TOTAL for Overanxious Disorder = ____ (4 or more)

When did these problems begin? (Specify age): _____

74. Which of the following are considered to be a significant problem at the present time?

- Depressed or irritable mood most of the day _____
- Diminished interest or pleasure in activities _____
- Decrease or increase in appetite associated with failure to make expected weight gain _____
- Insomnia or hypersomnia (sleeps too much) _____
- Motor restlessness and agitation _____
- Slowed down, sluggish _____
- Fatigue and loss of energy _____
- Feelings of worthlessness or excessive, inappropriate guilt _____
- Diminished ability to think and concentrate _____
- Indecisiveness _____
- Talks of suicide, death, or dying _____
- Suicide attempt _____

TOTAL for Major Depressive Disorder = ____ (5 or more)

When did these problems begin? (Specify age): _____

75. Which of the following are considered a significant problem at the present time?

- Depressed or irritable mood most of the day _____
- Poor appetite or overeating _____
- Fatigue and low energy _____
- Insomnia or hypersomnia (sleeps too much) _____
- Low self esteem _____
- Poor attention and concentration _____
- Feelings of hopelessness _____
- Never without above symptoms for more than two months over a one year period _____

TOTAL for Dysthymic Disorder = ____ (2 or more plus last item)

When did these problems begin? (Specify age): _____

76. Which of the following are considered a significant problem at the present time?

- Persistent irritable mood lasting at least a week _____
- Persistent elevated or expansive mood lasting at least a week _____

During the period of mood disturbance lasting at least a week noted above, were there any of the following:

- Inflated self esteem or grandiosity _____
 - Decreased need for sleep (feels rested after 3 hours) _____
 - More talkative than usual or pressure to keep talking _____
 - Racing thoughts _____
 - Distractibility _____
 - Increase in goal directed behaviors _____
 - Psychomotor agitation _____
 - Excessive involvement in pleasurable activities that have a high potential for painful consequences _____
- (Such as unrestrained buying sprees, sexual indiscretions, shoplifting, substance abuse, fighting, wreckless driving, etc.)

TOTAL = ____

When did these problems begin? (Specify age): _____

VIII. OTHER CONCERNS

77. Has your child exhibited any of the symptoms below?

- Stereotyped mannerisms _____
- Odd postures _____
- Excessive reaction to noises or fails to react to loud noises _____
- Overreacts to touch _____
- Has compulsive rituals _____
- Motor Tics _____
- Vocal Tics _____
- TOTAL = _____

When did these problems begin? (Specify age): _____

78. Has your child exhibited any symptoms of a thought disorder, including the following:

- Loose thinking (e.g., tangential ideas, circumstantial speech) _____
- Bizarre ideas (e.g., odd fascinations, delusions, hallucinations) _____
- Disoriented, confused, staring, or "spacey" _____
- Incoherent speech (mumbles, jargon) _____
- TOTAL = _____

When did these problems begin? (Specify age): _____

79. Has your child ever exhibited any symptoms of affective disturbance, including any of the following?

- Excessive lability without reference to the environment _____
- Explosive temper with minimal provocation _____
- Excessive clinging, attachment, or dependence on adults _____
- Unusual fears _____
- Strange aversions _____
- Panic attacks _____
- Excessively constricted or bland affect _____
- Situationally inappropriate emotions _____
- TOTAL = _____

When did these problems begin? (Specify age): _____

80. Has your child ever exhibited any symptoms of social conduct disturbance, including any of the following:

- Little or no interest in peers _____
- Significantly indiscreet remarks _____
- Initiates or terminates interactions inappropriately _____
- Qualitatively abnormal social behavior _____
- Excessive reaction to changes in routine _____
- Abnormalities of speech _____
- Self-mutilation _____
- TOTAL = _____

When did these problems begin? (Specify age): _____