

INITIAL HISTORY

Name: _____ Date of birth _____ Age _____ :

Address: _____

Phone numbers: _____

Type(s) of work: _____

Emergency Contact: _____

By whom were you referred? _____

Presenting problem(s):

Other issues/concerns:

Goals of this consultation:

What are your strengths?

Family constellation and quality of relationships

Marriage

Length

Stability

Previous marriages

Children? How many? What ages?

Your Parents' Marriage

Length

Stability

Previous marriages

Siblings? How many? What ages?

Customary family activities

Extended family? Where? How frequently seen?

DEVELOPMENTAL HISTORY

1. Mother's health during pregnancy
 - a. Mother's age at your birth
 - b. Medication/alcohol/caffeine used during pregnancy
2. Delivery
 - a. gestational age (# of weeks of pregnancy)
 - b. Duration of labor
 - c. medications during labor
 - d. fetal distress? APGAR scores at one minute? _____ at five minutes? _____
 - d. Use of forceps, vacuum?

- e. Birthweight
2. Health in Infancy/Childhood
- a. complications following birth
 - b. feeding problems ?
 - c. colic ?
 - d. Responsiveness
 - e. Health problems in infancy
 - f. easy or difficult baby (schedule/crying)
 - g. degree of sociability
 - h. Activity level
 - i. Preferred toys and play things
3. Milestones-age at which you:
- a. Smiled
 - b. Sat without support
 - c. Crawled
 - d. Walked
 - e. Spoke first words (other than mama or dada)
 - f. spoke phrases
 - g. spoke sentences
 - h. Was toilet trained--bladder: bowel:
 - i. pedaled a tricycle
 - j. buttoned clothes
 - k. Named colors
4. Current Health
- a. Overall
 - b. Hearing
 - c. Vision
 - d. Fine and gross motor coordination

- e. High fever/seizures/loss of consciousness
- f. Accidents (stitches/broken bone/poisoning/head injury)
- g. Surgeries
- h. sleeping problems
- i. Appetite control problems
- j. medications (past and present)
- k. Handedness (left, right or ambidexterous)

Yours? At what age did it emerge? siblings? father? mother?
Father's parents and siblings? Mother's parents and siblings?

With which foot would you kick?

With which eye would you look through a telescope?

5. Family medical history (eg. Diabetes, heart disease):

6. School history (Academic and behavioral)

- a. Elementary School
- a. High school
- b. College/University
- c. Graduate School
- d. Grades achieved
- e. Tutors or special education

9. Parents' educational achievements

Mother:

Father:

10. Psychiatric history:

- a. Psychotherapy

- b. Psychiatric Hospitalizations
 - c. behavior problems
 - d. Traumas or major events in your life
11. Family history-any close relatives have:
- a. Aggression problems
 - b. Attention problems
 - c. Learning disabilities
 - d. Mental retardation/Autism
 - e. Psychosis
 - f. Arrests
 - g. Physical/sexual abuse
 - h. Substance abuse
 - i. Tics
 - j. Depression
 - k. Anxiety
13. Supplemental information
- Habits: Alcohol?
- Drugs (prescribed and illicit)?
- Cigarettes/Cigars?
- Caffeine?
- Religion: Member of Organized Religious faith? Level of participation?

Sports: Sports played, level of competence:

Additional Comments/Observations: