



## History Form

\*Please note that information provided in this form is completely voluntary. Any information you can provide is helpful in helping us to understand and treat your child.

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Child lives with: parent \_\_\_ guardian \_\_\_ grandparent \_\_\_ other \_\_\_\_\_

Name of parent/guardian accompanying child to visit: \_\_\_\_\_

Please list all others living in household (complete on back if more lines are necessary)

Name (first/last) and ages of siblings	Relationship (sibling, parent, grandparent, etc.)

Please list all individuals with whom the child has lived, including legal visitation.

Name (first/last)	Relationship

### **Medical History**

Please list significant illnesses and/or injuries (past and current with date and age if possible) \_\_\_\_\_

\_\_\_\_\_

List current medications (including over the counter and herbal medications)

\_\_\_\_\_

Has your child ever had: gastrointestinal problems \_\_\_ toileting problems \_\_\_  
seizures \_\_\_ developmental delays \_\_\_ frequent complaints of pain/discomfort \_\_\_  
allergies \_\_\_ asthma \_\_\_ frequent illnesses \_\_\_ other (specify) \_\_\_\_\_

**Mental Health History**

Has your child received previous mental health treatment? \_\_\_ yes \_\_\_ no

If yes, where? \_\_\_\_\_

Has your child received services for developmental delays? \_\_\_ yes \_\_\_ no

If yes, specify \_\_\_\_\_

Please name medications your child has taken previously for mental health conditions.

\_\_\_\_\_

Mental illnesses in child's biological family (include relationship to child) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**School Information**

School name \_\_\_\_\_ School district \_\_\_\_\_

School is \_\_\_ public \_\_\_ private \_\_\_ charter \_\_\_ other \_\_\_\_\_

Teacher's name \_\_\_\_\_ Grade \_\_\_\_\_

Resource \_\_\_ Regular classes \_\_\_ IEP \_\_\_ 504 \_\_\_ Speech \_\_\_ Other \_\_\_\_\_

**Concerns**

Please identify concerns you have about your child. Be specific about behaviors, issues, family concerns, etc. for which you have scheduled this appointment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Strengths**

What are your child's strengths? Specifically, what is there about your child that others comment on positively or that you have noticed that others might not notice?

\_\_\_\_\_

What are your child's hobbies/interests? \_\_\_\_\_

\_\_\_\_\_

What are strengths of your family? \_\_\_\_\_

\_\_\_\_\_

What does your family enjoy doing together? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_