Medical History Form | School Age

child&familydevelopment

Today's date:

IDENTIFYING INFORMATION:

Child's name:

Date of birth: Age: Yrs. Mos. Sex: M F

School: Grade:

Parent names:

Stepparents involved:

Child lives with:

Other family members (list ages and in/out of home):

Biological siblings:

Step siblings:

Others:

Primary language spoken in home:

REASON FOR REFERRAL:

Referred by:

Reason for visit:

When was the reason first noticed? By whom?

Previous diagnosis (list type and dates):

Previous evaluations (list type and dates):

Current/previous treatment (list type and dates):

What are your concerns about your child?

What do you hope will be gained by having your child seen at this clinic?

MEDICAL CONTACTS:

Pediatrician: Group or practice:

Other physicians or therapists:

Name: Group or practice:

Name: Group or practice:

Name: Group or practice:

PREGNANCY/BIRTH HISTORY:

Please describe any significant pregnancy or birthing experiences:

CHILDHOOD MEDICAL HISTORY:

Check any of the following that apply. List age and explanation:

Item	✔	Age	Explanation
Regular medication (please list)			
Convulsions/seizures			
Meningitis			
Encephalitis			
Injury to head			
Fainting spells			
Measles			
Chronic illnesses			
Constipation			
Reflux			
Allergies			
Chronic cough			
Asthma			
Heart disorders			
Stomach or intestinal disorders			
Reactions to immunizations (specify)			
Chronic ear infections			
Hearing exam/poor hearing			
Vision exam/poor eyesight			
Sleep disorders			
Eating disorders			
Hospitalizations (give details)			
Other			

FAMILY HISTORY:

Check any of the following that apply. List relationship (i.e. mother, brother), and explanation:

Family history of ...	✔	Relationship	Explanation
Learning disorders			
Emotional disorders			
Genetic disorders			
Attention disorders			
Speech/language disorders			
Substance abuse			
Other			

MOTOR DEVELOPMENT:

Check any that apply. List age that your child achieved this skill:

Skill	✔	Age	Skill	✔	Age
Went to bathroom alone			Rode tricycle		
Walked alone			Rode bicycle		
Undressed himself/herself			Used eating utensils		
Dressed himself/herself			Bladder trained		
Used buttons, zippers, and snaps			Bowel trained		
Tied shoes			Used writing tools		
Skipped			Used scissors		

SPEECH AND LANGUAGE DEVELOPMENT:

Describe VERBAL BEHAVIOR:

Can you understand your child's speech? Yes No Can others? Yes No

Does your child stutter? Yes No

If yes, describe:

Estimate vocabulary size: 0 words 1-25 words 25-50 words 50-100 words over 100 words

Describe LISTENING BEHAVIOR:

Can your child follow 3-step directions? Yes No

Can your child answer complex questions? Yes No

Can your child tell about past events or experiences? Yes No

EATING/SWALLOWING BEHAVIORS:

Describe typical foods/liquids consumed at:

Breakfast:

Lunch:

Dinner:

Quantity of liquids consumed per day:

What does your child drink from? (sippy cup, cup, etc.)

How does your child eat? (spoon-fed, finger foods, spoon, fork, adaptive equipment)

EATING/SWALLOWING BEHAVIORS continued:

Does your child have a good appetite? Yes No

Is your child a picky eater? Yes No

Does your child choke frequently? Yes No

Does your child drool? Yes No

Does your child refuse any food tastes, textures, or temperatures? Yes No

If yes, describe:

ACADEMIC/EDUCATION DEVELOPMENT:

School: Phone:

Address:

Grade: Teacher:

Most liked subjects:

Least liked subjects:

History:

Schools attended	Years

Check any of the following that apply:

Academic behaviors	✔
Poor physical coordination	
Poor handwriting, letter formation	
Poor memory, short-term and long-term	
Right-left confusion, directionality problems	
Hand dominance established late (_____age) or not at all	
Late letter recognition	
Poor word recognition skills	
Poor reading comprehension	

ACADEMIC/EDUCATION DEVELOPMENT (continued):

Academic behaviors	✔
Poor phonetic base	
Difficulty getting ideas on paper	
Problems in math	
Word problems and calculations	
Poor spelling in day-to-day assignments	
Problems with classwork or homework completion	
Procrastinates	
Forgets assignments/materials	
Poor attention and concentration	
Trouble keeping materials organized	
Conflict with teacher	
Certified for special education (LD resource help, MR, Speech, etc.)	
Drop in group achievement tests	
Repeated grade — please list which grade(s):	
Expulsion/suspension from school	

SOCIAL/EMOTIONAL BEHAVIORAL DEVELOPMENT:

Who generally disciplines the child?

What methods are used:

Do parents agree on methods of discipline? Yes No

If no, describe:

Check any of the following that apply:

Behaviors	✔	Explanation
Difficulty sleeping ☐ / Nightmares ☐		
Enuresis (wetting) ☐ / Encopresis (soiling) ☐		
Sucks thumb		
Difficult to discipline		
Temper tantrums		
Sad ☐ / Cries easily ☐		
Unusually active, fidgety ☐ / Bites nails ☐		
Unusually inactive, apathetic		
Difficulty with brothers and/or sisters		
Difficulty in getting along with other children		
Lacks age appropriate play skills		
Avoids peer interactions or other unfamiliar social contacts		
Socially inappropriate		
Inattentive ☐ / Impulsive ☐ / Distractible ☐		
Anxiety ☐ / Separation anxiety ☐		
Difficulty with transitions		
Resists changes in environment		
Argumentative		
Destructive		

SOCIAL/EMOTIONAL BEHAVIORAL DEVELOPMENT (continued):

Behaviors	✔	Explanation
Self conscious/easily embarrassed		
Motor and/or vocal tics		
Oddities of speech or motor movement		
Low productivity at school, work, home		
Overly dependent/helpless		
Chronically tired or irritable		
Headaches, stomachaches, nausea		
Odd/bizarre ideas		
Has poor personal hygiene		
Is overly dependent/helpless		
Other		

Additional comments:

Please note any major changes in your child's family, school, social life in the last 6–9 months, which could be important. If there is any specific information which has not been requested on this form but which would help us in understanding your child's problems, please include here:

Thank you for taking the time to complete this form. It will help us serve your family better. If you have other critical documentation related to your concerns, please bring copies of records to your first appointment.