Childs Name: _____ DOB:_____Age:_____Today's Date:_____

Check the Items below that apply

A. Developmental Factors

Prenatal History

How was the mother's health during pregnancy?

	Good		Fair		Poor		Don't know

How old was mother at child's birth?

_____

Did mother use any of the following substances during pregnancy?

Beer/Wine

	Never		1-2times		3-9 times		>10 times

Hard Liquor

	Never		1-2times		3-9 times		>10 times

Coffee/Soda/ Caffeinated Products

	Never		1-2times		3-9 times		>10 times

Cigarettes

	Never		1-2times		3-9 times		>10 times

Street Drugs

	Never		1-2times		3-9 times		>10 times

Did mother ingest any of the following substances during pregnancy?

Antibiotics (anti-viral medications)_____

Sleeping Pills_____

Tranquilizers, Anti-seizure medication (e.g. Dilantin)_____

Perinatal History

Did mother have any complications during pregnancy?

If yes please explain:

Baby's Birth weight: _____

Type of Delivery:

	Vaginal Delivery		C-Section

If C-Section explain why?

Postnatal History

If yes to any questions please explain

Was there any early infancy feeding problems?
Was the child colicky?
Where there early infancy sleep pattern difficulties?
Where there problems with the infant's alertness?
Did the infant experience any health problems during infancy?
Did the child have congenital problems?
Was the child an easy baby?
Is your child sociable?

How would you rate your child's activity level as an infant/toddler?

	Very Active		Average		Less Active		Not Active

Developmental Milestones

What age did he/she sit up?
What age did he/she crawl?
What age did he/she walk?
What age did he/she speak single words other than "mama/dada"?
What age did he/her string 2-3 words together?
What age was the child toilet trained (bladder control)?
What age was the child toilet trained (bowel control)?

B. Medical History

How would you describe your child's health?		Good		Fair		Poor
How is his/her hearing?		Good		Fair		Poor
How is his/her vision?		Good		Fair		Poor
How is his/her gross motor coordination?		Good		Fair		Poor
How is his/her fine motor coordination?		Good		Fair		Poor

Is there a history of any chronic medical problems?_____

If yes please explain

Child have any history of….

Accidents/fractures?
Any type of illness that warranted hospital admission?
Surgery?
Suspicions of alcohol/drug abuse?
Child abuse?
Problems sleeping?
Restless sleeper?
Appetite control problems?
Bowel control problems at night?
Bladder control problems during the day?

C. Treatment History

Has child been prescribed medication for ADHD?	What kind?	Dosage?	Duration?

Has the child ever had any of the following?

Psychological treatment?
Individual psychotherapy?
Group therapy?
Family therapy with child?
In patient evaluation and treatment?
Residential treatment?

D. School History

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

Pre-School:
Kindergarten:
Grades1-3:
Grades 4-6:

Grades 7-12:

Do any of the following apply to your child?

Been in any type of special education program?	
Suspended from school?	If yes, how many times?
Expelled from school?	If yes, how many times?
Retained a grade?	If yes, what grade(s)?

E. Social History

How does the child get along with siblings?

	No siblings		Better than average		Average		Worse than average

How easily does the child make friends?

	Better than average		Average		Worse than average

How long does the child keep friendships?

	>6mos		6mos-1yr		More than 1 yr		Don't know

F. Current Behavioral Concerns

Primary Concerns:

What strategies have been implemented to address these problems?

	Verbal reprimands
	Time out
	Removal of Privileges
	Rewards
	Physical Punishment
	Avoidance of child

What % of the time does your child comply with initial commands?

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

What % of the time does your child eventually comply with commands?

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

If applicable, to what extent are you and your spouse consistent with respect to disciplinary strategies?

	Most of the time		Some of the time		None of the time

Have any of the following stress events occurred within the last 12 months?

	Parents divorced or separated
	Family accident or divorce
	Death in family
	Parent changed job
	Changed school
	Family moved
	Family financial problems
	Others, specify

G. Diagnostic Criteria

Which of the following are considered to be significant problems at the present time?

Fidgets	Yes	No
Difficulty remaining seated	Yes	No
Easily distracted	Yes	No
Difficulty awaiting turn	Yes	No
Often blurts out answers to questions before completed	Yes	No
Difficulty following instructions	Yes	No
Often talks excessively	Yes	No
Difficulty sustaining attention	Yes	No
Shifts from activity to another	Yes	No
Difficulty playing quietly	Yes	No
Often interrupts or intrudes on others	Yes	No
Often loses things	Yes	No
Often engages in physically dangerous activities	Yes	No
When did the above problems begin?(Specify age)		
Often loses temper	Yes	No
Often argues with adults	Yes	No
Often actively defies or refuses adult request or rules	Yes	No
Often deliberately does things that annoy people	Yes	No
Often blames others for own mistake	Yes	No
Is often touchy or easily annoyed by others	Yes	No
Is often angry or resentful	Yes	No
Is often spiteful or vindictive	Yes	No
Often swears or uses obscene language	Yes	No
When did the above problems begin? (Specify age)		
Has stolen without confrontation	Yes	No
Run away from overnight at least twice	Yes	No
Lies often	Yes	No
Deliberate fire-setting	Yes	No
Often truant	Yes	No
Destroyed other's property	Yes	No
Used a weapon in a fight	Yes	No
Often initiates physical fights	Yes	No
Physically cruel to people	Yes	No
When did the above problems begin? (Specify age)		

Unrealistic and persistent worry about possible harm to attachment figures	Yes	No
Persistent school refusal	Yes	No
Unrealistic and persistent worry about calamitous event that will separate attachment figure and child	Yes	No
Persistent to sleep alone	Yes	No
Persistent avoidance of being alone	Yes	No
Repeated nightmares regarding separation	Yes	No
Somatic complaints	Yes	No
Excessive distress in anticipation of separation from attachment figure	Yes	No
Excessive distress when separated from home or attachment figure	Yes	No
When did the above problems begin? (Specify age)		
Unrealistic worry about the future events	Yes	No
Unrealistic concern of appropriateness of past behavior	Yes	No
Somatic complaints	Yes	No
Marked self-consciousness	Yes	No
Excessive need for reassurance	Yes	No
Marked inability to relax	Yes	No
When did the above problems begin? (Specify age)		
Depressed or irritable mood most of the day nearly everyday	Yes	No
Diminished pleasure in activities	Yes	No
Decreased or increased in appetite	Yes	No
Failure to gain weight	Yes	No
Insomnia or hypersomnia nearly everyday	Yes	No
Psychomotor agitation or retardation	Yes	No
Fatigue or loss of energy	Yes	No
Feelings of worthlessness or excessive inappropriate guilt	Yes	No
Diminished ability to concentrate	Yes	No
Suicidal ideation or attempt	Yes	No
When did the above problems begin? (Specify age)		
Stereotyped mannerisms	Yes	No
Odd posture	Yes	No
Excessive reaction to noise or fails to react to loud noises	Yes	No
Overreacts to touch	Yes	No
Compulsive rituals	Yes	No
Motor tics	Yes	No
Vocal tics	Yes	No

H. Family History

Is there any…..?

Family history of ADHD? Who?
History of depression

Family history of suicide?
Family history of a learning disability?
Family history of any mental problems?

What is the family situation?
Who has custody of the child?
Does the child have siblings?