THE CENTER FOR NEUROPSYCHOLOGY & LEARNING DISORDERS CHILD CLINICAL HISTORY (To be Completed by Parents)

Name of Patient		Age	Education	
Person Completing Form		Relationship	to Patient	
Please describe the reasons for this	s evaluation. (Do	o not skip this secti	on.)	
Current medications				
Prescribed by				
Please list the people living in child	d's home:			
<u>Name</u>	Age	Relationsl	nip to Patient	
Names of any <u>immediate</u> family mo	embers living ou	tside the home:		

Birth and Early Developmental History				
Medications, alcohol, smoking,	street drugs taken during the pregnancy	У		
Complications during pregnancy, labor, or birth				
Birth weight	APGAR scores (if known)			
Condition at birth				
Detained in hospital?	Jaundice	Colic		
Ages at which developmental m	Jaundice nilestones were achieved:			
Walking	Talking			
Fine/gross motor problems				
Sensory sensitivities				
Early Behavior and Social Ad	justment			
Activity level in childhood (high	h, low, average)			
Describe any behavioral or emo	tional problems in childhood			
Problems with friends, peer rela	ationships			
Anxiety/Fears/Phobias				
Past illnesses				
Past medications				
Head Injury/concussions				
Surgeries				
Sleep problems				
Eating problems				
Seizures				
Headaches				
(Girls) premenstrual problems				
		The state of the s		
Hospitalizations (medical)				

Psychiatric History Depression, anxiety, self-harming behaviors				
Depression, anxiety, sen-marming behaviors				
Difficult behaviors at home or at school				
Difficult beliaviors at notifie of at school				
Counselors/Therapists (past and current)				
Substance abuse, past and present				
Dates of any psychiatric hospitalizations				
Family History				
Mother's education	Occupation			
Father's education	Occupation			
Tutilot b oddoditon	o ocupation			
Please indicate immediate and/or extended family	members with the following:			
Learning disabilities				
ADIID				
Developmental disabilities				
Autism, Asperger's, PDD				
Depression				
Anxiety				
Bipolar Disorder				
Substance abuse				
Seizures/Epilepsy				
Other psychiatric or neurological problems				
Educational History				
Please list the <u>names</u> of schools attended, for which	h grades and level of academic achievement			
rease list the <u>names</u> of schools attended, for which	grades, and level of academic acinevement.			
Elementary school				
Grades attended				
Level of academic achievement (grades, perfor	mance ratings)			
	3 /			
Grades attended				
Level of academic achievement (grades, perfor	mance ratings)			
High School	XX C 1			
Grades attended				
Level of academic achievement (grades, perfor	mance ratings)			

SAT scores	X/ _ C 1
College/University	Year of grad
GPA	
Major	
Please list any academic, behavioral, or social problems in so	chool:
<u>Grade Level</u> <u>Problems</u>	
Services received in school (IEP, 504 Plan, speech therapy, r	remedial reading, OT, PT, etc.):
Private tutoring	
Private tutoring	
Homework and Study Skills	
Please indicate whether there are problems with any of the fo	ollowing:
발 경우는 사람들이 맛먹었다면 하나는 사람이 하는 사람	
Bringing home the right materials	
Knowing what the assignments are	
Understanding how to do assignments	
Getting started on homework	
Managing long-term projects	
Knowing how to study for tests	
Taking tests	
Completing work within a reasonable length of time	
Turning work in at school the next day	
Staying focused in class and when studying	
Other academic problems	
Englandian History	
Evaluation History	
List any previous evaluations in chronological order:	D'
Year Evaluator/Facility	<u>Diagnosis</u>

Please highlight any of these symptoms or behaviors that you consider to be a problem.

Often loses temper
Often argues with adults
Often actively defies or refuses adults'
requests or house rules
Often deliberately does things that annoy
others
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
(ODD)

Stolen without confrontation
Stolen with confrontation
Run away from home overnight
Lies often
Deliberate fire setting
Often truant
In trouble with the law
Damages others' property
Cruel to animals
Forced someone else into sexual activity
Used a weapon in a fight
Often initiates physical fights
Physically cruel to people
Prolonged bedwetting
(CD)

Unrealistic and persistent worry about
possible harm to close family members
Unrealistic and persistent worry that a
calamitous event will separate child
from parent
Somatic (bodily) complaints
Persistent school refusal
Persistent refusal to sleep alone
Persistent avoidance of being alone
Repeated nightmares re: separation
Excessive distress in anticipation of
separation from attachment figure
(SAD)

Unrealistic worry about future events
Unrealistic concern about appropriateness of
past behavior
Unrealistic concerns about competence
Somatic (bodily) complaints
Marked self consciousness
Excessive need for reassurance
Marked inability to relax
(OA)

Excessive anxiety and worry more days than not about upcoming events or activities Sleep disturbance (difficulty falling asleep, staying asleep, getting up)
Restlessness, keyed up, on edge
Easily fatigued
Difficulty concentrating or mind going blank
Irritability
Muscle tension
Excessive clinging to adults
Fearfulness
Panic attacks
(GAD)

Depressed or irritable mood most of the day,
nearly every day
Diminished pleasure in activities
Decrease or increase in appetite
Insomnia (too little sleep) or hypersomnia
(too much sleep)
Agitated or slowed movement
Fatigue or loss of energy
Feelings of worthlessness or excessive or
inappropriate guilt
Diminished ability to concentrate
Suicidal ideation or attempt
(MDD)

Chronic low level depression
Chronic irritability
Poor appetite or overeating
Insomnia or hypersomnia
Low energy or fatigue
Low self-esteem
Poor concentration or difficulty with making
decisions
Feelings of hopelessness
(DD)

Thoughts, impulses or images that are repeated and persistent; experienced as unwelcome and causing anxiety and distress

Repetitive behaviors (e.g. handwashing, ordering, checking) or mental acts (e.g. praying, counting, repeating words silently) that the child feels he/she must do in response to an obsession, or according to specific rules

Excessive perfectionism

(OCD)

Impairment in use of nonverbal behaviors, e.g. eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction

Failure to develop relationships and friendships with same-age peers

Lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g. by a lack of showing, bringing, or pointing out objects of interest to other people)

Lack of social or emotional reciprocity (give-and-take)

Preoccupation with one or more restricted area(s) of interest that is abnormal in intensity

Inflexible adherence to specific routines or rituals

Stereotyped and repetitive motor movements
(e.g. hand or finger flapping or twisting)
or self-stimulating behaviors
Sensory sensitivities (clothing, food, etc.)
Persistent preoccupation with parts of
objects (e.g. clothing labels)
(ASD)

Avoids being with other children Lacks interest in competitive sports Does not understand expressions; interprets literally, concretely Poor eye contact Does not play games or interact well with others Strong interest in particular topics Has difficulty adjusting to changes in routine Poor motor coordination Unusual speech patterns Lacks sensitivity to pain Unusual sensitivity to touch, feel Unusual sensitivity (or lack of) to noise (AD)

Unpredictable, extreme emotional reactions
Excessive and/or frequent change in mood
Explosive temper outbursts
Prolonged (20-30 minutes or longer) temper
tantrums
Chronic anger, irritability
Inability to regain self control when upset
Irrational thinking when angry
Others need to "walk on eggshells" to avoid
setting off angry outbursts
Overreact to minor provocations
(BSD)