Form Completed By:_____ Relationship to Child:_____ Date Completed:_____

PREGNANCY/ BIRTH HISTORY

Child/Adolescent's Name:_____ DOB:_____ Adopted: ☐ Y ☐ N

Did the mother have any medical problems or injuries during pregnancy? ☐ Y ☐ N ☐ UNKNOWN
Describe: _____

Did the mother take any medications during pregnancy? ☐ Y ☐ N ☐ UNKNOWN
Describe: _____

Did the mother use any drugs or alcohol during pregnancy? ☐ Y ☐ N ☐ UNKNOWN
Describe: _____

Did the mother smoke cigarettes during pregnancy? ☐ Y ☐ N ☐ UNKNOWN
Baby's Birth Weight:_____lbs. _____oz.

Did mother take the baby home with her when she left the hospital? Y ☐ N ☐ UNKNOWN

Was the pregnancy or delivery unusual or difficult in any way? ☐ Y ☐ N ☐ UNKNOWN
Describe: _____

Did the child have any medical problems in infancy? ☐ Y ☐ N ☐ UNKNOWN
Describe: _____

DEVELOPMENTAL MILESTONES

Age child first:

Crawled:_____	Sat up alone:_____	Walked alone:_____
First words:_____	Weaned:_____	Fed self:_____
Bladder control:_____	Bowel trained:_____	Spoke in complete sentences:____

BEHAVIORAL SYMPTOM CHECKLIST

Speech problems:	☐ Y ☐ N ☐ UNKNOWN	Unusual or unrealistic fears:	☐ Y ☐ N ☐ UNKNOWN
Temper tantrums:	☐ Y ☐ N ☐ UNKNOWN	Aggression toward peers:	☐ Y ☐ N ☐ UNKNOWN
Head banging:	☐ Y ☐ N ☐ UNKNOWN	Aggression toward adults:	☐ Y ☐ N ☐ UNKNOWN
Too active:	☐ Y ☐ N ☐ UNKNOWN	Aggression toward animals:	☐ Y ☐ N ☐ UNKNOWN
Impulsive:	☐ Y ☐ N ☐ UNKNOWN	Aggression toward property:	☐ Y ☐ N ☐ UNKNOWN
Stubborn:	☐ Y ☐ N ☐ UNKNOWN	Self-mutilation:	☐ Y ☐ N ☐ UNKNOWN
Day time wetting:	☐ Y ☐ N ☐ UNKNOWN	Physically abused:	☐ Y ☐ N ☐ UNKNOWN
Night time wetting:	☐ Y ☐ N ☐ UNKNOWN	Sexually abused:	☐ Y ☐ N ☐ UNKNOWN
Poor bowel control:	☐ Y ☐ N ☐ UNKNOWN	Sexually active:	☐ Y ☐ N ☐ UNKNOWN
Sleep problems:	☐ Y ☐ N ☐ UNKNOWN	Has sexually molested others:	☐ Y ☐ N ☐ UNKNOWN
Eating problems:	☐ Y ☐ N ☐ UNKNOWN	Suicide attempts:	☐ Y ☐ N ☐ UNKNOWN
Withdrawn, shy:	☐ Y ☐ N ☐ UNKNOWN	Drug use:	☐ Y ☐ N ☐ UNKNOWN
Fire setting:	☐ Y ☐ N ☐ UNKNOWN	Alcohol use:	☐ Y ☐ N ☐ UNKNOWN
Running away:	☐ Y ☐ N ☐ UNKNOWN	Drug or alcohol treatment:	☐ Y ☐ N ☐ UNKNOWN
School truancy:	☐ Y ☐ N ☐ UNKNOWN	Problem with the law:	☐ Y ☐ N ☐ UNKNOWN
School problems:	☐ Y ☐ N ☐ UNKNOWN	Juvenile Hall stay:	☐ Y ☐ N ☐ UNKNOWN
More interested in things than people:	☐ Y ☐ N ☐ UNKNOWN	Collects/uses weapons:	☐ Y ☐ N ☐ UNKNOWN
		Unusual thoughts:	☐ Y ☐ N ☐ UNKNOWN

PLEASE EXPLAIN ALL "YES" ANSWERS BELOW:

_____

_____

_____

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MEDICAL HISTORY

PLEASE EXPLAIN ALL "YES" ANSWERS BELOW:

Hearing problems:	☐ Y ☐ N	_____
Vision problems:	☐ Y ☐ N	_____
Diabetes:	☐ Y ☐ N	_____
Ear infections:	☐ Y ☐ N	_____
High fevers:	☐ Y ☐ N	_____
TB, last tested:_____	☐ Y ☐ N	_____
Asthma:	☐ Y ☐ N	_____
Allergies:	☐ Y ☐ N	_____
Seizures:	☐ Y ☐ N	_____
Serious head injury:	☐ Y ☐ N	_____
Other serious injuries:	☐ Y ☐ N	_____
Medical hospitalizations:	☐ Y ☐ N	_____
Operations:	☐ Y ☐ N	_____
Menstruating:	☐ Y ☐ N	_____
Pregnancies:	☐ Y ☐ N	_____
STD's:	☐ Y ☐ N	_____
HIV status known:	☐ Y ☐ N	_____
Physical exam, date:_____	☐ Y ☐ N	_____
Dental exam, date:_____	☐ Y ☐ N	_____

FAMILY HISTORY

Have any relatives ever had any of the following conditions?

Alcohol:	☐ Y ☐ N ☐ UNKNOWN	Suicidal thoughts:	☐ Y ☐ N ☐ UNKNOWN
Drug problems:	☐ Y ☐ N ☐ UNKNOWN	Suicide attempts:	☐ Y ☐ N ☐ UNKNOWN
Emotional problems:	☐ Y ☐ N ☐ UNKNOWN	Mentally retarded:	☐ Y ☐ N ☐ UNKNOWN
Depression:	☐ Y ☐ N ☐ UNKNOWN	Arrests:	☐ Y ☐ N ☐ UNKNOWN
Developmental delays:	☐ Y ☐ N ☐ UNKNOWN		

Other:_____

_____

Family Strenths:_____

CHILD/ADOLESCENT MENTAL HEALTH HISTORY

Has the child/adolescent **ever** seen a psychiatrist or counselor? ☐ Y ☐ N ☐ UNKNOWN WHO?_____

Does the child/adolescent see a psychiatrist or counselor **now**? ☐ Y ☐ N ☐ UNKNOWN WHO?_____

What mental health diagnosis has the child/adolescent been given:_____

Has the child/adolescent ever been given medication for behavioral or emotional problems? ☐ Y ☐ N ☐ UNKNOWN

If "yes," which medications:_____

_____

Child/Adolescent Psychiatric Hospitalization(s) History (include dates and reasons):_____

_____

_____

Additional comments/concerns:_____

_____

_____

_____

_____

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