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Withdrawn, shy:	☐ Y ☐ N ☐ Unknown	Drug use:	☐ Y ☐ N ☐ Unknown

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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		Collects/uses weapons:	☐ Y ☐ N ☐ Unknown
things than people:	☐ Y ☐ N ☐ Unknown	Unusual thoughts:	☐ Y ☐ N ☐ Unknown

Please explain all "yes" answers Below:

_____

_____

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?

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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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