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**Developmental History**

Please list any drugs or alcohol used during pregnancy of Patient:

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Was there a full term pregnancy? Yes/No

Were there any complications during your pregnancy or delivery?

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Describe your child's temperament during the first years of life (fussy; demanding; easy, etc.):

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Were there any concerns or delays with normal development at any age?

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**Academic History**

Please list schools attended:

Grade	School	Average Grades

Does your child show any significant strengths in school?

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What specific weaknesses does your child have in school?

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What concerns does your child's teacher have?

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**Extracurricular Activities**

Please list your child's hobbies or involvement in extracurricular activities:

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**Social Information**

Please describe how your child gets along with peers:

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**Behavior**

Please describe your child's behavior (compliant, responsible, oppositional, inconsistent, etc.):

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Describe if your child's behavior varies significantly across situations (school, home, church, sports, etc.):

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How do you discipline your child?

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**Family Information**

Please indicate how family members relate with each other (include specific concerns regarding conflictual relationships):

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**Prior Consultation**

Please list any prior psychological treatment or testing. Include name of therapist and approximate dates of treatment or testing:

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**Medical History**

Please indicate any history of significant head injuries, sustained fevers, or seizures:

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Are there any significant medical problems?

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Please list any current medications being taken:

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**Psychiatric & Substance/Alcohol Abuse**

Please indicate any family history (parents, grandparents, uncles, aunts, etc.) of psychiatric, psychological, learning, or substance/alcohol abuse problems:

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**Personality/Emotional Information**

Please describe your child's predominant mood (irritable, sad, happy, inconsistent, etc.):

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Please describe any ritual behavior or habits that your child has shown:

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## Behavior Checklist

Please place a checkmark on the line that best describes your child:

Current	Previously	Never	
_____	_____	_____	Inattention to tasks that are uninteresting
_____	_____	_____	Easily Distracted
_____	_____	_____	Temper Outbursts
_____	_____	_____	Forgetful
_____	_____	_____	Frequently loses or misplaces things
_____	_____	_____	Fidgety or restless
_____	_____	_____	Impulsive
_____	_____	_____	Disorganized
_____	_____	_____	Impatient
_____	_____	_____	Excessively talkative
_____	_____	_____	Interrupts or blurts out answers
_____	_____	_____	Appears not to listen
_____	_____	_____	Difficulty with following rules
_____	_____	_____	Oppositional or defiant behavior

