

David Junno Psy.D.
Clinical Psychologist

Date _____

Completion of this History Form will be greatly appreciated, since it will help me plan the evaluation of your child, and provide me with information that may help me better understand the nature of your child's difficulties. The information you provide will be held in strict confidence.

Demographic Information

Child's Name _____ Age ____ Date of Birth _____

Father's Name _____ Age ____ Date of Birth _____

Years of Education _____

Mother's Name _____ Age ____ Date of Birth _____

Years of Education _____

Name of Legal Guardian, if not Parents _____

Parents' or Legal Guardian's

Address _____

City/State _____ Zip Code _____

Telephone Number:

Home _____ Work _____ Cell _____

Please list all the people who currently live in your home

Name	Age	Relationship to Patient
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referral

Who referred you? _____

Why was your child referred?

Pregnancy/Delivery History

Did the child's mother experience any major illnesses, physical injuries, or hospitalizations during pregnancy? _____

If yes, please state the nature of the problem(s) and the month of your pregnancy during which the problem(s) occurred.

Was the child's mother taking any medication during her pregnancy, smoking cigarettes, or using alcohol or drugs? _____

If yes, please specify

Was your child born prematurely? _____

If yes, state the length of pregnancy, birth weight, and any post delivery complications your child experienced.

Assuming your child not born prematurely, were there any delivery or post delivery complications? _____

If yes, please specify the problem(s) that occurred.

School History:

Please summarize your child's progress (academically, socially, testing) in each of the following grade levels:

Preschool

Kindergarten

Grades 1 – 3

Grades 4 – 5

Grades 6 – 8

Grades 9 – 12

Has your child ever been tested for and/or been in any special education program? _____

If so please describe what special needs your child has, what type of services they have received and for how long this has been in place.

Has your child ever been suspended or expelled from school? _____

If so please describe:

Has your child ever been held back a grade? _____

If so please describe:

What school is your child in now? _____

School address:

Town:

School Phone Number:

Teacher's name:

Treatment History

Has your child ever had psychological treatment before? _____

If so, please describe

Has your child been put on medication? _____

If so what medications:

Behavioral Concerns:

What are your top concerns with your child's behavior, please list:

What strategies have you tried so far to address these behaviors?

- Verbal reprimands
- Time out
- Removal of privileges
- Rewards
- Physical Punishment
- Giving in
- Avoiding the child

Please describe any approach you have checked:

To what extent are you and your spouse consistent with respect to disciplinary strategies?
Check one:

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

On the average, what percentage of the time will your child comply with your requests?

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

Is there anyone else your child is more likely to respond to? If so, who:

Have there been any of the following stress events in the last 12 months:
Check all that apply:

- Parents' divorce or separation
- Family accident or illness
- Death in the family
- Parent job change
- Family moved
- Changed schools
- Family financial problems
- Other (please describe)

Social History

How does your child get along with siblings?

How easily does your child make friends?

How does your child do keeping friends?

Family History:

Is there any family history of alcohol or drug use, mental retardation, learning disabilities, or psychiatric difficulties (for example depression, anxiety)

If yes please describe:

Other relevant Information:

Please use the remaining space to provide any other information that you feel may be helpful in planning the evaluation and treatment of your child: