

CHILD INFORMATION

1. **Child's Name:** _____ **Birth Date:** _____

2. **Grade in school:** _____

3. **School child is currently attending:** _____

4. **Child's Ethnic/Racial Background:**

- Asian/ Pacific Islander
- African-American/ Black
- Caucasian
- Hispanic/ Latino
- Other (please specify) _____

5. Has your child had a physical examination within the last six months? Yes No
If yes, what were the results: _____

6. Is your child currently receiving medical care? Yes No
If yes, please describe briefly: _____

7. **Has your child experienced any of the following?** Please check all that apply:

- Speech problems
- Asthma
- Vision problems
- Childhood diabetes
- Learning disabilities
- Eating problems
- Attention problems
- Seizures/ meningitis/ other brain-related disorders
- Attention deficit/ hyperactivity (ADHD)
- Knocked unconscious
- Depression
- Anxiety
- Hospitalized in last year? (describe: _____)
- Problems with aggression (describe: _____)
- Injury? (what type: _____)
- Any other health problems? (describe: _____)

8. **Life Changes:** Please check all recent events:

- Moving to a new home
- Close friend moved away
- New brother or sister
- Major personal illness or injury
- Changing to a new school
- Trouble with teacher
- Serious illness or injury of family member
- Failing to make an athletic team
- Parent divorced
- Being suspended from school
- Death of a family member or friend
- Making failing grades on report card
- Mother or father gone from home more than they used to be
- Trouble with classmates
- Hospitalization of family member
- Brother or sister leaving home
- Addition of new adult to family
- Pet died

9. Has your child been having any difficulty in school? Yes No

If yes, please describe: _____

10. Has your child ever been hospitalized for a psychiatric/psychological reason? Yes No

If yes, approximate dates and issue: _____

11. Is your child currently taking any medications?

Yes No

<u>Type of Medication</u>	<u>Average Dosage</u>	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____