INITIAL HISTORY QUESTIONNAIRE

Name _____ Birth Date _____ Age _____ Male ____ Female ____

Form Completed by _____ Date _____

HOUSEHOLD

Please list all those living in the child's home

Name	Relationship	Birth Date	Health Problems

Are there siblings not listed? If yes, please list their names and ages and where they are _____

If mother and father are not living together or if child does not live with parents, what is the child's custody status?

If one or both parents are not living in the home, how often does he/she see the parent/parents not in the home?

BIRTH HISTORY

Birth weight

Was the baby born at ❑ Term ❑ Early ❑ Late

If early, how many weeks gestation?

Did mother have any illness or problem with her pregnancy? ❑ Yes ❑ No

Explain: _____

During pregnancy did mother smoke? ❑ Yes ❑ No

Drink alcohol? ❑ Yes ❑ No

Use Drugs or medications? ❑ Yes ❑ No

What? _____

When? _____

Was the delivery ❑ Vaginal ❑ Cesarean

If Cesarean, why? _____

Did your baby have any problems right after birth? ❑ Yes ❑ No

Explain: _____

Was initial feeding ❑ Breast ❑ Bottle

Did your baby go home with mother from the hospital?

❑ Yes ❑ No Explain: _____

GENERAL

Do you consider your child to be in good health?	❑ Yes	❑ No	Explain
Does your child have any serious illness or medical condition?	❑ Yes	❑ No	Explain
Has your child had serious injuries or accidents?	❑ Yes	❑ No	Explain
Has your child had any surgery?	❑ Yes	❑ No	Explain
Has your child ever been hospitalized?	❑ Yes	❑ No	Explain
Is your child allergic to any medicines or drugs?	❑ Yes	❑ No	Explain

DEVELOPMENT

Are you concerned about your child's physical development?	❑ Yes	❑ No	Explain
Are you concerned about your child's mental or emotional development?	❑ Yes	❑ No	Explain
Are you concerned about your child's attention span?	❑ Yes	❑ No	Explain

If your child is in school: _____

How is his/her behavior in school? _____

Has he/she failed or repeated a grade in school? _____

How is he/she doing in academic subjects? _____

Is he/she in special or resource classes? _____