

PRESTON RIDGE PEDIATRICS CONSULTATION HISTORY FORM

Date _____
Child's Name _____
DOB _____ Age _____ Sex M F
Home Address _____
City _____ State _____ Zip _____ Phone _____
Child's School _____ Grade _____

Present Placement of Child (Check all that apply)
Adult(s) child is living with _____ Non-residential adults involved with child _____
Natural Mother _____
Natural Father _____
Stepmother _____
Stepfather _____
Adoptive Mother _____
Adoptive Father _____
Foster Mother _____
Foster Father _____
Other (specify) _____

Parents Mother's Name _____
Occupation _____ Phone _____
Business Name _____
Business Address _____

FAMILY HISTORY - MOTHER

Age _____ Age at time of pregnancy with this child _____
Select highest level of education:
High School/GED _____
Some College _____
College Graduate _____
Masters _____
PhD _____
Learning problems: _____
Behavior problems: _____
Medical problems: _____

Have any blood relatives experienced problems similar to those your child is experiencing?

Y N If yes, please describe: _____

Father's Name _____
Occupation _____ Phone _____
Business Name _____
Business Address _____

FAMILY HISTORY - FATHER

Age _____ Age at time of pregnancy with this child _____
Select highest level of education:
High School/GED _____
Some College _____
College Graduate _____
Masters _____
PhD _____
Learning problems: _____
Behavior problems: _____
Medical problems: _____

PRESTON RIDGE PEDIATRICS CONSULTATION HISTORY FORM

Have any blood relatives experienced problems similar to those your child is experiencing?

Y N If yes, please describe: _____

Source of referral: Name _____
 Address _____ Phone _____

OTHER PROFESSIONALS CONSULTED (including family doctor)

Name _____ Address _____

SIBLINGS		
Name	Age	Medical, social, or school problems
_____	_____	_____
_____	_____	_____

Briefly state main problems of this child _____

PREGNANCY- Complications:

Excessive Vomiting	Y N	Hospitalization required	Y N
Excessive staining/blood loss	Y N	Threatened miscarriage	Y N
Toxemia	Y N		
Infections	Y N	Specify	_____
Operations	Y N	Specify	_____
Other illnesses	Y N	Specify	_____
Smoking during pregnancy	Y N	# per day	_____
Alcohol consumed during pregnancy	Y N	Describe if beyond occasional drink	_____

Medications taken during pregnancy _____
 X-ray studies during pregnancy _____
 Duration of pregnancy in weeks _____

DELIVERY

Type of labor:	Spontaneous	Induced	Duration (hours)	_____
Type of delivery:	Normal	Breech	Cesarean	
Complications:	Cord around neck		Y N	
	Hemorrhage		Y N	
	Other			_____
	Infant injured during delivery		Y N	
	Birth Weight			_____

POST DELIVERY PERIOD

Jaundice	Y N	Cyanosis (turned blue)	Y N
Incubator care	Y N		
Infection	Y N	Specify	_____
Number of days infant in hospital after delivery			_____

INFANCY-TODDLER PERIOD

Were any of the following present to a significant degree during first few years of life?
 If so, describe below:
 Colic Y N
 Did not enjoying cuddling T F _____

PRESTON RIDGE PEDIATRICS CONSULTATION HISTORY FORM

Was not calmed by being held/stroked	T	F	_____
Excessive restlessness	T	F	_____
Diminished sleep	T	F	_____
Frequent headbanging	T	F	_____
Constantly into everything	T	F	_____
Excessive number of accidents compared to other children			T F

DEVELOPMENTAL MILESTONES

Record the age at which your child reached the following developmental milestones
If you cannot recall, select one below

	Age	Early	Normal	Late
Smiled	_____			
Sat without support	_____			
Crawled	_____			
Stood without support	_____			
Walked without assistance	_____			
Spoke first words	_____			
Said phrases	_____			
Said Sentences	_____			
Bladder trained, day	_____			
Bladder trained, night	_____			
Bowel trained, day	_____			
Bowel trained, night	_____			
Rode tricycle	_____			
Rode bicycle (no training wheels)	_____			
Buttoned clothing	_____			
Tied shoelaces	_____			
Named colors	_____			
Named coins	_____			
Said alphabet in order	_____			
Began to read	_____			

COORDINATION

Rate your child on the following skills:

	Good	Average	Poor
Walking			
Running			
Throwing			
Catching			
Shoelace tying			
Buttoning			
Writing			
Athletic abilities			

COMPREHENSION AND UNDERSTANDING

Does your child understand directions and situations as well as other children his/her age?

If not, why not? _____

How would you rate your child's overall level of intelligence compared to other children?

Below average Average Above average

SCHOOL

Rate your child's experiences related to academic learning:

	Good	Average	Poor
Nursery school			
Kindergarten			
Current Grade			

To the best of your knowledge, at what grade level is your child functioning:

Reading _____ Spelling _____ Math _____

Has your child ever had to repeat a grade? Y N If so, when? _____

Present class placement Regular class Y N

Special Classes? Y N If yes, please describe _____

PRESTON RIDGE PEDIATRICS CONSULTATION HISTORY FORM

Detail any special counseling or remedial work your child is currently receiving:

Briefly describe any academic school problems

Rate your child's school experiences related to behavior:

	Good	Average	Poor
Nursery school			
Kindergarten			
Current Grade			

Does your child's teacher describe any of the following as significant classroom problems?

- Doesn't sit still in seat Y N
- Frequently gets up and walks around the classroom Y N
- Shouts out, does not wait to be called on Y N
- Won't wait for turn Y N
- Doesn't cooperate well in group activities Y N
- Typically does better in a one on one relationship Y N
- Doesn't respect the rights of others Y N
- Doesn't pay attention during storytelling or show and tell Y N

Describe briefly any **other** classroom behavior problems

PEER RELATIONSHIPS

- Does your child seek friendships with peers? Y N
- Is your child sought for friendship by peers? Y N
- Does your child play primarily with children his/her age? Y N
- Older Y N Younger Y N

Describe briefly any problems your child may have with peers

HOME BEHAVIOR

All children exhibit, to some degree, the behaviors listed below. Check those that you believe your child exhibits to an excessive degree compared to other children of same age:

- Hyperactivity (high activity level) _____ Poor attention span _____
- Impulsivity (poor self control) _____ Temper outbursts _____
- Low frustration threshold _____ Sloppy table manners _____
- Interrupts frequently _____ Doesn't listen _____
- Acts like he/she is driven by a motor _____ Headless to danger _____
- Excessive number of accidents _____ Doesn't learn from experience _____
- Poor memory _____
- More active than siblings _____
- Wears out shoes more frequently than siblings _____
- Sudden outbursts of physical abuse towards other children _____
- A "different" child _____

Types of discipline you use with your child:

INTERESTS AND ACCOMPLISHMENTS

What are your child's main hobbies and interests?

What are your child's areas of greatest achievement?

What does your child enjoy doing most?

PRESTON RIDGE PEDIATRICS CONSULTATION HISTORY FORM

What does your child dislike doing most? _____

MEDICAL HISTORY

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information:

Significant childhood illnesses (describe any complications)

- Operations Y N
- Hospitalizations for illness Y N
- Head injuries Y N
- Convulsions Y N with fever without fever
- Coma Y N
- Persistent high fevers Y N
- Eye problems Y N
- Ear problems Y N
- Poisoning Y N
- Sleep problems Y N
- Problems with appetite Y N

If any of the above are yes, please describe: _____

PRESENT MEDICAL STATUS

Height _____ Weight _____

Present illnesses for which you child is being treated: _____

Medications child is taking on an on-going basis: _____

ADDITIONAL REMARKS

Please include any additional information that you wish regarding your child's difficulties
