



Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Please explain custodial arrangements:

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**Behavioral Concerns:**

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**Educational History:**

Has previous testing been done? \_\_\_\_\_

Who completed the testing? \_\_\_\_\_

Diagnoses? \_\_\_\_\_

Have you had an Individualized Education Plan (IEP)? What is it currently used for?

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Has your child expressed the desire to harm him or herself or others in the last month? If yes, do you feel like your child or others are in imminent danger?

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**Medical/ Psychiatric History:**

Allergies/Medical Conditions/Illnesses/Chronic illnesses in childhood:

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Current

Medications: \_\_\_\_\_

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Who prescribes the medications? \_\_\_\_\_

When did they start/stop taking the medications? \_\_\_\_\_

**Prenatal/Early childhood Health**

Problems with pregnancy, labor, delivery?

Complications after delivery? \_\_\_\_\_

**Developmental History** (mark one)

Developmental milestones met early \_\_\_\_\_ late \_\_\_\_\_ on target \_\_\_\_\_

Approximate age started babbling: \_\_\_\_\_

Approximate age started walking: \_\_\_\_\_

Approximate age started talking in complete sentences: \_\_\_\_\_

**Family History:** (Please list for both biological mother and biological father.)

For example: ADHD, ADD, learning problems, Autism Spectrum Disorder; including Asperger's, depression, anxiety, substance abuse, Obsessive Compulsive Disorder, language delay, legal trouble, behavior problems

Provider Signature: \_\_\_\_\_