

# CHILDHOOD HISTORY FORM

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Adopted \_\_\_ yes \_\_\_ no Is your child aware of adoption? \_\_\_ yes \_\_\_ no

Others in Household:	Relationship to child	Age
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Briefly state your main concerns about your child:

Have any of the child's blood relatives experienced similar problems?

Did the child's mother or the child experience any complications during pregnancy/delivery?

**MEDICAL HISTORY** Please note the age and any other pertinent information. Use back if necessary.

Childhood diseases: \_\_\_\_\_

Operations: \_\_\_\_\_

Other hospitalizations: \_\_\_\_\_

Head injuries: \_\_\_\_\_

Convulsions/seizures: \_\_\_\_\_

Persistent high fevers: \_\_\_\_\_

Eye problems: \_\_\_\_\_

Tics (eye blinking, sniffing, or any repetitive movement): \_\_\_\_\_

Ear problems: \_\_\_\_\_

Allergies or asthma: \_\_\_\_\_

Sleep problems (restless, night waking, sleepwalking): \_\_\_\_\_

Bedwetting or soiling pants in daytime: \_\_\_\_\_

Describe the child's appetite: \_\_\_\_\_

Please list other doctors or professionals consulted: \_\_\_\_\_

Current medications and dose: \_\_\_\_\_

Counseling: \_\_\_\_\_

## FAMILY/SOCIAL HISTORY

Include any brothers or sisters you (the parent) have/had as well as your (the parent) natural parents (In other words, YOUR childhood history). Be sure to include PAST or PRESENT behavior.

### Birth Mother Childhood History (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Alcoholism        | <input type="checkbox"/> Drug Usage        |
| <input type="checkbox"/> Physical Abuse    | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Sexual Abuse      | <input type="checkbox"/> Mental Illness    |
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Homosexuality     |

### Birth Father Childhood History (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Alcoholism        | <input type="checkbox"/> Drug Usage        |
| <input type="checkbox"/> Physical Abuse    | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Sexual Abuse      | <input type="checkbox"/> Mental Illness    |
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Homosexuality     |

### Step-Mother Childhood History (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Alcoholism        | <input type="checkbox"/> Drug Usage        |
| <input type="checkbox"/> Physical Abuse    | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Sexual Abuse      | <input type="checkbox"/> Mental Illness    |
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Homosexuality     |

### Step-Father Childhood History (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Alcoholism        | <input type="checkbox"/> Drug Usage        |
| <input type="checkbox"/> Physical Abuse    | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Sexual Abuse      | <input type="checkbox"/> Mental Illness    |
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Homosexuality     |

### Adopted Mother Childhood History (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Alcoholism        | <input type="checkbox"/> Drug Usage        |
| <input type="checkbox"/> Physical Abuse    | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Sexual Abuse      | <input type="checkbox"/> Mental Illness    |
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Homosexuality     |

### Adopted Father Childhood History (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Alcoholism        | <input type="checkbox"/> Drug Usage        |
| <input type="checkbox"/> Physical Abuse    | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Sexual Abuse      | <input type="checkbox"/> Mental Illness    |
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Homosexuality     |

Which family member has the best relationship with the patient? \_\_\_\_\_

## INFANCY - TODDLERHOOD

Were any of the following present during the first few years?

- |   |   |
|---|---|
| <input type="checkbox"/> did not enjoy cuddling | <input type="checkbox"/> was not calmed by being held |
| <input type="checkbox"/> difficult to comfort   | <input type="checkbox"/> colic                        |
| <input type="checkbox"/> excessive restlessness | <input type="checkbox"/> excessive irritability       |
| <input type="checkbox"/> frequent head banging  | <input type="checkbox"/> constantly into everything   |

TEMPERAMENT: please rate the following as you child appeared in infancy and toddlerhood:

- Activity level:  underactive     average activity level     overactive
- Adaptability:  adapted easily to change     resisted change
- Intensity:  average     feelings were often intense
- Mood:  often happy     average range of moods
- often dissatisfied or irritable

### DEVELOPMENTAL MILESTONES

As best you can recall, list age of development, or check item at right:

	Age	or	Early	Normal	Late
Walked without assistance	_____		_____	_____	_____
Spoke first words	_____		_____	_____	_____
Any speech/articulation problems?					
Toilet trained daytime	_____		_____	_____	_____
Toilet trained nighttime	_____		_____	_____	_____

### COORDINATION

Rate your child on the following skills:

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

### COMPREHENSION AND UNDERSTANDING

Do you consider your child to understand directions and situations as well as other children his/her age?

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How would you rate your child's overall level of intelligence?

- Below average     Above average     Average

### PEER RELATIONSHIPS

How does your child get along with others his/her age? Describe any problems.

## SCHOOL HISTORY

School currently attending: \_\_\_\_\_ Grade level \_\_\_\_\_

Is your child in any resource or special classes? \_\_\_\_\_

Has your child ever repeated a grade? If so, which? \_\_\_\_\_

Briefly describe your child's school progress. Note usual grades, any problems or successes, strong subjects and weak subjects:

Preschool - K \_\_\_\_\_

1st - 5th \_\_\_\_\_

6th - 8th \_\_\_\_\_

9th - 12th \_\_\_\_\_

Describe any conduct problems you child has had in school:

How would you rate your child's homework/study skills? \_\_\_ Good \_\_\_ Average \_\_\_ Poor

Describe difficulties: \_\_\_\_\_

Has your child had tutoring or remedial work? \_\_\_\_\_

Does your child like to read? \_\_\_\_\_ How often (circle one) Never Seldom Occas. Often

Please rate reading ability as \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

Any other comments on your child's performance and behavior:

## HOME BEHAVIOR AND MOOD

Check which of the following applies to your child:

- |   |  |
|---|--|
| <input type="checkbox"/> frequently irritable or moody                          | <input type="checkbox"/> nervous, anxious  |
| <input type="checkbox"/> can't seem to enjoy doing anything                     | <input type="checkbox"/> frequent headaches  |
| <input type="checkbox"/> sad spells   | <input type="checkbox"/> frequent stomachaches   |
| <input type="checkbox"/> crying spells  | <input type="checkbox"/> has had a panic attack (rapid heartbeat, sweaty palms, feeling something bad about to happen)   |
| <input type="checkbox"/> easily bored   | <input type="checkbox"/> difficulty sleeping:<br><input type="checkbox"/> goes to sleep very late<br><input type="checkbox"/> hard to get up in morning<br><input type="checkbox"/> very restless sleep<br><input type="checkbox"/> bad dreams |
| <input type="checkbox"/> poor or low motivation                                 | <input type="checkbox"/> acts like driven by a motor   |
| <input type="checkbox"/> low self-esteem (makes negative statements about self) | <input type="checkbox"/> doesn't seem to learn from experience   |
| <input type="checkbox"/> can't seem to concentrate                              | <input type="checkbox"/> very disorganized (loses things, has very messy room)   |
| <input type="checkbox"/> has had thoughts of or made comments about suicide     | <input type="checkbox"/> has ever been physically or sexually abused   |
| <input type="checkbox"/> other: _____   | <input type="checkbox"/> drug or tobacco use: _____  |
| <input type="checkbox"/> eats (too much) or (too little)                        | <input type="checkbox"/> argues with or rude to teachers   |
| <input type="checkbox"/> frequent arguing at home                               |  |
| <input type="checkbox"/> fearfulness  |  |

If your child experienced any stressful or traumatic situations in the past few months or in the last few years please describe:

Any additional comments you would like to make about your child (mood, behavior, personality, etc.):

Thank you for the time and effort you gave in completing this form. Please also complete any check lists which accompany this history form.

## ATTENTION CHECKLIST

Name \_\_\_\_\_

Please circle the number corresponding to the degree the following characteristics have been experienced.

	None	Just A little	Pretty much	Very much
Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.	0	1	2	3
Often has difficulty sustaining attention in tasks or play activities	0	1	2	3
Often does not seem to listen when spoken to directly	0	1	2	3
Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace	0	1	2	3
Often has difficulty organizing tasks and activities	0	1	2	3
Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
Often loses things necessary for tasks or activities ( in play, school, or work )	0	1	2	3
Is often easily distracted by sounds, noises, movements unrelated to the task at hand (listening in class, studying)	0	1	2	3
Is often forgetful in daily activities	0	1	2	3
Often fidgets with hands or feet or squirms in seat	0	1	2	3
Often leaves seat in classroom or in other situations in which it is inappropriate	0	1	2	3
Often has difficulty playing or engaging in leisure activities quietly	0	1	2	3
Is often "on the go" or often acts as if "driven by a motor"	0	1	2	3
Often talks excessively	0	1	2	3
Often blurts out answers before questions are completed	0	1	2	3
Often has difficulty awaiting turn	0	1	2	3
Often interrupts or intrudes on others	0	1	2	3
How long have the above marked symptoms been evident?				
_____ by school age (6 or 7)	_____ by high school	Other:		
Does your child show these symptoms in more than one setting (i.e. home, school, public)?				
_____ yes	_____ no			

# MOOD RATING SCALE

Name \_\_\_\_\_

Carefully consider which apply to your child or teenager.  
Circle the corresponding number.

## Depressed mood (sad, gloomy, forlorn)

1. None
2. Mild
3. Moderate (brief periods of unhappiness or no emotion)
4. Severe (often looks sad or withdrawn)

## Weeping

1. None
2. Normal for age
3. Seems to cry more frequently than peers
4. Cries frequently

## Self Esteem

1. Child describes self in mostly positive terms
2. Little or no evidence of lowered self esteem
3. Describes self in some positive, some negative terms
4. Positive and negative terms, but mostly negative
5. Refers to self in derogatory terms, or avoids the question

## Morbid thinking (death, violence)

1. None apparent
2. Some morbid thoughts - related to actual events
3. Somewhat more than usual morbid thoughts
5. Elaborate or extensive morbid thinking

## Suicide and Suicide Ideation

1. None apparent
2. Has thought of suicide - usually when angry
3. Recurrent thoughts of suicide
4. Thinks about suicide and names methods
5. Has recently attempted suicide

## Irritability (whining, chip on shoulder, hostility)

1. None
2. Normal amount
3. Occasional-slightly more than normal
4. Episodic - comes and goes
5. Frequent
6. Constant

## Schoolwork

1. Performing at or above expected level
2. Not working to capacity or recent disinterest
3. Doing poorly in most subjects or major decline

## Capacity to have fun

1. Interests & hobbies appropriate for age
2. Some interests but mostly passive, lacks enthusiasm
3. Easily bored, "Nothing to do"
4. No initiative, watches others or only TV. has to be coaxed to be involved in any activities.

## Social Withdrawal

1. Enjoys good friendships with peers
2. Has several friends, not very close
3. Is passive in getting friends
4. Rejects opportunities for interaction
5. Does not relate to other children

## Expressive communication

1. Expresses self fairly well
2. Not very talkative, but will talk
3. Withdrawn, very reluctant to talk

## Sleep

1. Occasional or no difficulty sleeping
2. Mild but frequent difficulty sleeping
3. Moderate difficulty sleeping almost every night
  - a. problem getting to sleep
  - b. problem waking at night
  - c. Problem waking in morning

## Disturbance of eating

1. No problem
2. Mild \_\_\_\_\_ Too little \_\_\_\_\_ Too much \_\_\_\_\_
3. Moderate \_\_\_\_\_ Too little \_\_\_\_\_ Too much \_\_\_\_\_

## Frequent Physical Complaints (head, stomach)

1. No complaints
2. Mild, occasional complaints
3. Frequent complaints,
4. Preoccupies with aches and pains

## General Somatic

1. Normal
2. Occasional complaints of fatigue
3. Frequent complaints of being tired

## Activity Level

1. Activity at usual level
2. Slight reduction of activity level
3. Activity greatly reduced from usual

Completed by: \_\_\_\_\_

Comments:

## TAYLOR SCREENING CHECKLIST

Name \_\_\_\_\_

Please rate your child's natural tendencies for each trait listed.

More Like This	No Trend	More Like This
A.	B.	C.
A quiet person		A noisy and talkative person
Voice volume is soft or average		Voice generally is too loud
Few mouth or body noises		Makes lots of sounds with mouth or body
Walks at appropriate times		Flits around, runs ahead, jumpy
Keeps hands to self		Pokes, touches, feels, grabs
Appears calm, can be still		Always moving, fidgets, squirmy
Can just sit		Has to be doing something; quickly bored
Slow to react; deliberate; not impulsive		Too quick to react, engages mouth or muscles
Understands why parents or teachers are displeased after misbehavior		Feels picked on, is surprised and confused about why others are displeased
Planful; thinks ahead to consequences before acting		Does things without considering consequences
Avoids other children's mischief		Gets involved in mischief; attracted to or starts
Concerned about punishment and consequences		Pretends to have an "I don't care" attitude
Obeys directions and follows orders		Disobeys; needs supervision or reminding
Constant mood with mild or slow mood changes		Mood unpredictable; quick to anger or tears
Easygoing; handles frustration without much anger		Irritable; impatient; easily frustrated
Emotions are reasonable and controlled, are not extreme, and don't disrupt relationships		Emotions are extreme and poorly controlled; no damper on emotion; explosive tantrum-like
Cooperates with, obeys and enforces rules		Argues and gripes about the rules; wants to be the exception
Gives up when denied a requested privilege, item, or activity		Badgers, pesters, won't give up or take no for an answer
Concentrates and blocks out distraction when working on something of medium interest		Easily distracted by noises and people nearby; short attention span
Follows through, has an organized approach		Flits from activity to activity, does not finish things
Does not try to bother or hurt others with words		Needles, teases, has to have the last word

Most children exhibit, at one time or another, one or more of the symptoms listed below. Place a P next to those that your child has exhibited in the PAST and N next to those that your child exhibits NOW. Only mark those symptoms that have been or are present to a significant degree over a period of time. Only check as problems behavior that you suspect is unusual or atypical when compared to what you consider to be the normal for your child's age.

_____	Thumb-sucking	_____	Insomnia (difficulty sleeping)	_____	Ever trying to avoid responsibility
_____	Baby Talk	_____	Enuresis (bed wetting)	_____	Poor follow through
_____	Overly dependent for age	_____	Frequent nightmares	_____	Low curiosity
_____	Frequent temper tantrums	_____	Night terrors (terrifying night time out bursts)	_____	Open defiance of authority
_____	Excessiveness silliness and clowning	_____	Sleepwalking	_____	Blatantly uncooperative
_____	Excessive demands for attention	_____	Excessive sexual interest and preoccupation	_____	Persistent lying
_____	Cries easily and frequently	_____	Frequent sex play with other children	_____	Frequent use of profanity to parents, teachers, and other authorities
_____	Generally immature	_____	Excessive masturbation	_____	Truancy from school
_____	Eats non-edible substances	_____	Frequently likes to wear clothing of the opposite sex	_____	Runs away from home
_____	Overeating with overweight	_____	Exhibits gestures and intonations of the opposite sex	_____	Violent outbursts of rage
_____	Eating binges with overweight	_____	Frequent headaches	_____	Stealing
_____	Under eating with underweight	_____	Frequent stomach aches	_____	Cruelty to animals, children, and others
_____	Long periods of dieting and food abstinence with underweight	_____	Frequent nausea and vomiting	_____	Destruction of property
_____	Preoccupied with food-- what to eat and what not to eat	_____	Often complains of bodily aches and pains	_____	Criminal and/or dangerous acts
_____	Preoccupation with bowel movements	_____	Worries over bodily illness	_____	Trouble with the police
_____	Constipation	_____	Poor motivation	_____	Violent assault
_____	Encopresis (soiling)	_____	Apathy	_____	Fire setting
		_____	Takes path of least resistance	_____	Little, if any, guilt over behavior that causes others pain and discomfort
				_____	Little, if any, response to punishment

_____	for antisocial behavior	_____	Often cheats when playing games	_____	Irritability, easily "flies off the handle"
_____	Few, if any, friends	_____	"Sore Loser"	_____	
_____	Does not seek friendships	_____	"Does not know when to stop"	_____	<b>FEARS/PHOBIAS</b>
_____	Rarely sought by peers	_____	Poor common sense in social situations	_____	dark
_____	Not accepted by peer group	_____	Often feels cheated or gypped	_____	new situations
_____	Selfish	_____	Feels others are persecuting him when there is no evidence for such	_____	strangers
_____	Argumentative	_____	Typically wants his or her own way	_____	being alone
_____	Does not respect the rights of others	_____	Very stubborn	_____	death
_____	Wants things own way with exaggerated reaction if thwarted	_____	Obstructionistic	_____	separation from parent
_____	Trouble putting self in other person's position	_____	Negativistic (does just the opposite of what is requested)	_____	school
_____	Egocentric (self-centered)	_____	Quietly, or often silently, defiant of authority	_____	visiting other children's homes
_____	Frequently hits other children	_____	Feigns or verbalizes compliance or cooperation but does not comply with requests	_____	going away to camp
_____	Excessively critical of others	_____	Drug abuse	_____	animals
_____	Excessively taunts other children	_____	Alcohol abuse	_____	other fears (name)
_____	Ever complaining	_____	Very tense	_____	Anxiety
_____	Is often picked on and easily bullied by other children	_____	Nail biting	_____	attacks with palpitations (heart pounding), shortness of breath, sweating, etc.
_____	Suspicious, distrustful	_____	Chews on clothes, blankets, etc.	_____	Disorganized
_____	Aloof	_____	Head banging	_____	Excessive worrying over minor things
_____	"Wise-guy" or smart aleck attitude	_____		_____	Tics such as eye blinking, grimacing, or other
_____	Brags or boasts	_____		_____	spasmodic repetitive movements
_____	Bribes other children	_____		_____	Involuntary grunts, vocalizations (understandable or not)
_____	Excessively competitive	_____	Hair pulling	_____	Stuttering
			Picks on skin	_____	Depression
			Speaks rapidly and under pressure	_____	Frequent crying spells
				_____	Suicidal preoccupation, gestures, or attempts
				_____	Excessive desire to please authority

_____	"Too Good"	_____	Compulsive
_____	Often appears	_____	repetition of
	insincere		seemingly
	and/or		meaningless
	artificial		physical acts
_____	Too mature,	_____	Shy
	frequently	_____	Inhibited self
	acts older	_____	expression in
	than actual		dancing,
	age		singing,
_____	Excessive	_____	laughing, etc.
	guilt over		Recoils from
	minor		affectionate
	indiscretions		physical
_____	Asks to be	_____	contact
	punished	_____	Withdrawn
_____	Low self-	_____	Fears
	esteem		asserting self
_____	Excessive	_____	Inhibits open
	self-criticism		expression of
_____	Very poor	_____	anger
	toleration of		Allows self to
	criticism		be easily
_____	Feelings easily	_____	taken
	hurt		advantage of
_____	Dissatisfact-	_____	Frequently
	ion with		pouts and/or
	appearance or		sulks
	body part(s)		Mute (refuses
_____	Excessive	_____	to speak) but
	modesty or		can
	exposure	_____	Gullible/naive
_____	Perfectionist,	_____	Passive and
	rarely		easily led
	satisfied with	_____	Excessive
	performance		fantasizing,
_____	Frequently	_____	"lives in his
	blames others		(her own
	as a cover up		world"
	for own short	_____	Flat emotional
	comings		tone
_____	Little concern	_____	Speech is non-
	for personal		communicative
	appearance or		or poorly
	hygiene		communicative
_____	Little concern	_____	Hears voices
	for or pride in	_____	Sees visions
	personal		
	property		
_____	"Gets hooked"		
	on certain		
	ideas and		
	remains		
	preoccupied		