

CHILD'S PERSONAL INFORMATION

FAMILY AND SOCIAL HISTORY:

Name of child: _____ Date of Birth: _____

Mother's Name: _____ Age: _____

Mother's Maiden Name: _____

Father's Name: _____ Age: _____

Marital Status of parents:

Living together: _____ If separated, how long? _____

If divorced, how long? _____

Stepfather: _____ Stepmother: _____ How long? _____

Custody/visiting arrangement: _____

Brothers and sisters of the child:

Name: _____ Date of Birth: _____ Grade in school: _____

Name: _____ Date of Birth: _____ Grade in school: _____

Name: _____ Date of Birth: _____ Grade in school: _____

Other members of the household:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Does the child have his/her own room? _____ If not, shared with whom? _____

Who cares for the child other than his/her parents?

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Has the child had group experience? _____ Where? _____

Does the child have neighborhood playmates? _____ Specify: _____

When and with whom does the child watch t.v.? _____

DEVELOPMENTAL HISTORY OF CHILD:

Does the child appear to be right or left handed? _____

Does the child dress self? _____ undress self? _____ tie shoes? _____ feed self? _____

Does the child toilet self independently? _____ Word for B.M.: _____

Word of urination: _____

What time does the child normally eat breakfast? _____ lunch? _____ dinner? _____

Is the family vegetarian? _____ Are there any dietary restrictions? _____

Specify: _____

What time does the child normally go to bed at night? _____ awaken? _____

Does the child awaken during the night? _____

Does child have any speech problems you are aware of? _____ hearing? _____

vision? _____

What are the child's favorite indoor activities? _____

outdoor? _____

Does the child have any fears? _____

Has there been any emotional trauma in the child's life which might cause special concern?
