



Has your child seen a psychiatrist in the past?  Yes  No If yes, please complete the following:

Psychiatrist Name	When Seen	Reason/Diagnoses

Has your child been psychiatrically hospitalized?  Yes  No If yes, please complete the following:

Hospital Name	When	Reason/Diagnoses

Does your child use tobacco, alcohol and/or any illicit substances?  Yes  No

If yes, please explain: \_\_\_\_\_

Are there any guns or other weapons in the home?  Yes  No

**MEDICAL HISTORY**

Does your child have any health problems?

\_\_\_\_\_

\_\_\_\_\_

Is your child allergic to any medications?  Yes  No Is yes, please list: \_\_\_\_\_

Are your child's vaccinations up to date?  Yes  No

Please list any prescribed medications your child takes

Medication Dose & Name	Frequency	Reason Prescribed

Please list any vitamins, minerals or other non-prescription medications and/or supplements

Medication Dose & Name	Reason Prescribed	Side Effects?

**DEVELOPMENTAL HISTORY**

Were there any complications during pregnancy?  Yes  No      If yes, please describe:

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During pregnancy, did mother use any of the following? If yes, please provide details.

Medications  Yes  No \_\_\_\_\_ Alcohol  Yes  No \_\_\_\_\_

Tobacco  Yes  No \_\_\_\_\_ Illicit Substances  Yes  No \_\_\_\_\_

Length of Pregnancy \_\_\_\_\_ Birth Weight \_\_\_\_\_

Were there any problems after delivery?  Yes  No      If yes, please describe:

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Were there any problems during newborn period?  Yes  No      If yes, please describe:

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**Developmental Milestones**

	Age		Age		Age
Sitting without help		Spoke single words		Weaned	
Crawling		Spoke in sentences		Bladder trained	
Walking		Puberty		Bowel trained	

Does your child receive any special education services at school?  Yes  No      If yes, please describe:

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**School History**

	Name of School	City	Grades Attended
Elementary			
Middle School			
High School			

Has your child ever skipped or repeated a grade?  Yes  No      If yes, please describe:

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**SOCIAL HISTORY**

Please complete the following for current family situation

Relation	Name	Education	Occupation	Religion
Mother				
Father				

Are parents:  Married  Domestic Partners  Separated  Divorced

Is there a custody agreement in place? Please describe: \_\_\_\_\_

\_\_\_\_\_

Please list any other individuals (siblings, etc.) residing in the home and their relationship to the child.

\_\_\_\_\_

\_\_\_\_\_

Has your child ever been:

Arrested  Yes  No      On probation?  Yes  No      Charged with a crime?  Yes  No

If yes, please describe: \_\_\_\_\_

**FAMILY HISTORY**

Please indicate any mental health history in each of the child's biological or blood relatives

	Father's Family				Mother's Family		
	Siblings	Father	Aunts/ Uncles	Grand parents	Mother	Aunts/ Uncles	Grand parents
Depression							
Anxiety							
OCD							
Bipolar Disorder							
Schizophrenia							
ADHD							
Learning problems							
Autism Spectrum Disorder							
Substance Use							
History of suicide attempts							