

Name: _____

Age: _____

Birth Date: _____

Main Concerns (Please attach additional paper if needed!):

Behavior Triggers:

When did you first notice the issue?

Treatment in the past? If so, when, where, what? Was it helpful?

Medications:

School Information

Name of School: _____

Grade: _____ IEP, 504, or Interventions/Support Plan? _____

School Concerns:

What do teachers and others at the school say about the issue?

What has the school done to help and has it been helpful?

Peers

How does the child get along with peers in and out of school?

Friends younger, older, or same age?

Any problems making/keeping friends?

Family History

Anyone in the family have similar issues?

Family History of Mental Illness?

Alcohol or substance abuse?

Parent Information

Parent 1: Education Level _____ Parent 2: Education Level _____
Parent 1: Occupation _____ Parent 2: Occupation _____

Family Stressors currently or in the past? (Medical, financial, marital, major changes)

Developmental History

Any complications during pregnancy/labor/delivery? _____
Drug/alcohol use during pregnancy? _____
Developmental milestones within normal limits? _____
Any current illness or history of illness? _____
Eating/ Sleeping Issues?

Other Information:
