

	SIBLINGS	MOTHER & HER FAMILY	FATHER & HIS FAMILY
Aggressive or Defiant Childhood Behavior			
Short Attention Span, Hyperactive or Impulsive as a Child			
Learning Problems (specify)			
Depression, Mania, or Suicide			
Chronic or Severe Anxiety			
Mental Retardation or Autism			
Tics or Rituals			
Drug/Alcohol Abuse (specify)			
Was Physically or Sexually Abused			
Other (specify)			

	SIBLINGS	MOTHER & HER FAMILY	FATHER & HIS FAMILY
Immigration History			
Exposure to Trauma			

Developmental History (include colic, difficulty feeding, sleeping, cuddling, age of walking, speaking first words and sentences, bowel and bladder training, coordination, understanding what is said, activity level):

Social History & Support (include living arrangements, supports, stressors, employment, immigration or other legal issues):

Educational History (include grade in school, history of 0 testing, special education, failures or difficulties with handwriting, spelling, reading, math, speech, referrals & results):

Medical History (include chronic or acute illness or physical complaints, immunizations, head injury, loss of consciousness, tics, seizures, snoring, hospitalizations, accidents, medications, allergies):

Signature of Parent or Guardian

Date