



Family Psychiatric History: Please write in the space provided if any of the child’s relatives had each condition. Specify whether the relative was the child’s biologic sibling, parent, cousin, uncle, aunt, or grandparent.

| | Other (specify) | Mother & her family | Father and his Family |
|---|------------------------|--------------------------------|------------------------------|
| Aggressive or Defiant Childhood behavior | | | |
| Short Attention span, hyperactive or impulsive as a child | | | |
| Learning Problems (specify) | | | |
| Depression, Mania, or suicide attempts | | | |
| Chronic or severe anxiety | | | |
| Mental retardation or autism | | | |
| Tics or rituals | | | |
| Drug/ Alcohol abuse (specify) | | | |
| Physical or sexual abuse | | | |
| Immigration history | | | |
| Exposure to trauma | | | |
| Other (specify) | | | |



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 psychoeducational testing, special education, failure 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):

Your Child's Strengths:

Signature of Parent or Guardian

Date