

Please complete the following information to the best of your knowledge. Please put N/A for any questions not applicable. Please understand any and all information is helpful in understanding you and your child, but all questions are not required. I respect and understand your privacy if you wish to not disclose certain information.

If there is information you would rather share verbally, please let me know and I would be happy to accommodate.

General Information

Child's name (please include preferred name if different):

DOB:

Please list any significant medical history your child may have: (i.e. surgeries, chronic illness, physical symptoms occurring, birth difficulties, etc.)

Please select which milestones your child met on time:

Walking

Talking

Crawling

Sitting up

Feeding Self

Changing Self

Potty Training

Please list any medications your child is currently taking:

Please list any diagnosis your child currently has:

Please list any family history of mental, developmental or learning difficulties you feel are important to consider:

Have there been any recent stressors (i.e. moving, death in family, change in family structure, etc.):

Please share any history of trauma your child has experienced:

Health Concerns

Please describe your child's sleep/nighttime routine and any concerns you have:

Please describe your child's eating habits and any concerns you have:

Please describe any concerns your child may have expressed with their health and/or physical appearance:

Does your child have any chronic pain, illness or complaints about physical symptoms?

Please share any concerns you have about your child's fine/gross motor skills:

Social Concerns

Describe your child's social life:

Describe difficulties your child may have making and or maintaining friendships:

Describe difficulties your child may have with adult/authority interactions

Describe any significant social incidents that may give insight into social concerns? Mark NA if no concerns

What are your child's preferred activities?

What are your child's strengths?

--

Emotional Concerns

Please select emotional concerns relevant to your child:

- Anxiousness/Worry
- Excessive Fear
- Excessive Sadness
- Often Tearful
- Sensitive to Redirection/Critique
- Irritable
- Anger
- Quick to become very angry
- Low self confidence
- Negative self talk

If your child display anxious behaviors, please indicate around what situations anxiousness occurs most often:

Social Situations:

Separation from loved ones:

Going to school:

Performance (tests, class presentations, sports games, etc.):

Germs:

Sleep:

If you are concerns for anxiousness in your child, please describe what behaviors contribute to your concerns:

Avoiding certain situations they are fearful of:

Body tenses up or they appear restless:

Hyperventilation:

Sweating, stomach ache, head ache, body temperature changes:

Checking to make sure things are “safe” or “good”:

Asking for reassurance repeatedly:

Making sure their environment or items are “just right”:

Extreme behavior when anxious such as panic attacks, physical aggression to avoid things, running away from parent:

Please describe strategies used in the past that have been effective or not effective in supporting these concerns (i.e. therapy, medication, home structure, etc.):

If your child displays depressive concerns, please share in what situations these are most evident:

After being corrected

After receiving a bad grade or behavioral referral at school

In the mornings

At night

Continuously throughout the day

Has nightmares or distressing dreams

Changes in appetite (eating more or less than usual)

Has your child had suicidal ideation or attempts in the past?

Has your child ever engaged or expressed the intent to engage in self-harm?

If your child is currently experiencing suicidal ideation or self injury, please let your clinician know IMMEDIATELY. This will assist in your clinician ensuring your child's safety and helping you create a safety plan. Please contact 911 if your child is experiencing a suicidal crisis.

Has your child received therapy for these concerns? If so, for how long?

Has your child received medication or other interventions for these concerns?

What strategies have you used in the past to support these concerns?

Is anger a concern for your child?

If so, please share more information about their anger. Include if physical aggression, verbal aggression, yelling or other expressions of anger occur.

Please share if you have concerns regarding your child's empathy, behavior towards animals, behavior towards those they feel have "wronged" them, property damage, fire starting, stealing.

Education

Does your child receive Special Education or 504 services?

Has your child ever received a psychological, cognitive or academic assessment?

Has your child ever repeated a grade?

Are you concerned for your child's academic progress?

If your child has an IEP, what services do they receive? (resource class, speech therapy, occupational therapy, physical therapy, counseling)

Has your child's school expressed concerns for your child's

Academics:

Behavior:

Social skills:

Communication skills:

Please share any additional information you feel is important about your child, your family, your culture: