

Past medical history: (Circle)		
Pregnancy/Birth Hx:	Full term	Preterm
Complications:		

Other child medical problems:			
Cardiac problems	Y N	High Cholesterol	Y N
Arrhythmias	Y N	Diabetes	Y N
High Blood Pressure	Y N	Liver problems	Y N
Prolonged QTC (type of arrhythmia)	Y N	Kidney problems	Y N
Other:			
Seen by neurologist	Y N	Brain MRI	Y N EEG Y N
Vaccines up to date	Y N		
Surgeries:			
Hospitalizations:			

Family History:	
Mother's name:	Father's name:
Relationship: Natural Step Adoptive	Relationship: Natural Step Adoptive
Occupation:	Occupation:
Child's Siblings: Name Age	

Any custodial issues:

Family history: (circle)			
Cardiac Problems	Y N	ADHD	Y N Autism Y N
Arrhythmias	Y N	Depression	Y N Anxiety Y N
High Cholesterol	Y N	Bipolar disorder	Y N Cognitive disability Y N
Prolonged QTC (specific arrhythmia)	Y N	Seizures	Y N Learning disability Y N
Thyroid disease	Y N	Suicide	Y N

Education: (Circle)	
Grade:	Public / Private / Homeschool
School/Preschool Name:	
IEP : Y N	
504 Plan: Y N	
Pull outs or resource room Y N	
Accommodations at school:	
Areas of strength :	
Areas of weakness:	
Any grade repeated Y N Which one?	
Problems at school:	
Services:	OT PT SLT ABA Social skills
Frequency:	

Medications:
Does your child have any allergies to medications? Y N
Current medications:
Previous medications:
Over the counter/ vitamins/ natural supplements:

Developmental History:
Seems: Normal Abnormal
Current Age level of function:
Gross motor concerns:
Walked at (age):
Fine motor concerns:
Language concerns:
Used 50 words at
Combined 2 words at:

Revision by Systems Check if present			
Headaches		Palpitations	Anemia
Low muscle tone		Murmurs	Birth marks
Vision Deficit		Constipation	Short stature
Hearing deficit		Stomach aches	Premature puberty

System	Check if present		
Sensory	Unusually sensitive hearing/smell		Over/under sensitive to pain
	Bothered by how things feel		
Interpersonal/social	Poor eye contact		Hard to get child's attention
	Does not use gesturing		Seems preoccupied/distant/aloof
	Does not use words to communicate		Repetitive behaviors(hand flapping, unusual finger movements)
	Echolalia		Prefers to be alone/ Ignores others
	Speaks in unusual tone/manner		Difficulty relating to peers/ Making friends
Repetitive	Thumb sucking		Tics
	Head banging		Rocking
Other Behaviors	Run away		Lying
	Stealing		Fire Setting
	Cruel to animals		Mood swings
	Bed wetting		Soiling underwear
			Easily over stimulated
			Unusual play/ no pretend play
			Unusual/limited interests
			Takes things too literal/ Misses the point
			Handles change poorly/ Insists on sameness
			Handflaps
			Slaps/bites self
			Suicidal Ideation
			Hallucinations
			Aggression