

## Initial History Questionnaire

Name \_\_\_\_\_

Form Completed by \_\_\_\_\_

Date \_\_\_\_\_

Birth Date \_\_\_\_\_

### Household

Please list all those living in the child's home

Name	Relationship to child	Birth date	Health problems

Mother's occupation \_\_\_\_\_

Father's occupation \_\_\_\_\_

If mother and father are not living together or if child does not live with parents, what is the child's custody status?

If one or both parents are not living in the home, how often does he/she see the parent/parents outside of the home?

### Birth History

Birth weight \_\_\_\_\_

Was the baby born at term? \_\_\_\_\_ Early? \_\_\_\_\_ Late? \_\_\_\_\_

If early how many weeks gestation? \_\_\_\_\_

Did mother have any illness or problem with her pregnancy?

Yes No Explain \_\_\_\_\_

During pregnancy, did the mother...

Smoke Yes No Drink alcohol Yes No

Use drugs/medications? What/When? \_\_\_\_\_

Was the delivery VAGINAL? CESAREAN?

If cesarean, why? \_\_\_\_\_

Did your baby have any problems right after birth?

Yes No Explain \_\_\_\_\_

Was the initial feeding Breast? Bottle?

Did your baby go home with the mother after the hospital?

Yes No Explain \_\_\_\_\_

### General

Do you consider you child to be in good health?

Yes No Explain \_\_\_\_\_

Does your child have any serious illness or medical condition?

Yes No Explain \_\_\_\_\_

Has you child had serious injuries or accidents?

Yes No Explain \_\_\_\_\_

Has you child had any surgery?

Yes No Explain \_\_\_\_\_

Has your child ever been hospitalized ?

Yes N No Explain \_\_\_\_\_

Is your child allergic to any medicines or drugs?

Yes No Explain \_\_\_\_\_

### Development

Are you concerned about your child's physical development? Y

Yes No Explain \_\_\_\_\_

Are you concerned about your child's emotional/mental development?

Yes No Explain \_\_\_\_\_

Are you concerned about your child's attention span? ?

Yes No Explain \_\_\_\_\_

If your child is in school:

How is her/his behavior in school ? \_\_\_\_\_

How is he/she doing in academic subjects? \_\_\_\_\_

Is he/she in special or resource classes? \_\_\_\_\_

