

## CHILD NEUROPSYCHOLOGICAL HISTORY

Child's Name \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_ Birth date \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/guardian Tel: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell phone) \_\_\_\_\_  
Name of person filling out this form \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Religion (optional) \_\_\_\_\_ Sex \_\_\_\_\_ Ethnic or racial background \_\_\_\_\_  
Hand child uses for writing or drawing: Right Left Switches between them  
Primary language spoken at home: \_\_\_\_\_ Secondary language \_\_\_\_\_  
Previous diagnosis (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Who referred the child to our office? \_\_\_\_\_  
Briefly describe the problem: \_\_\_\_\_

What specific concerns do you have?

(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

### SYMPTOM SURVEY

For each symptom that applies to the child, please underline. Compare the child to other children of the same age. Add any helpful comments next to the item.

#### 1) PROBLEM SOLVING

Difficulty figuring out how to do new things	Difficulty solving problems a younger child can do
Difficulty making decisions	Disorganized in his/her approach to problems
Difficulty planning ahead	Difficulty doing things in the right order (sequencing)
Difficulty understanding explanations	Difficulty describing the steps involved in doing something
Difficulty changing a plan or activity	Difficulty switching from one activity to another activity
Is slow to learn new things	Easily frustrated

#### 2) SPEECH, LANGUAGE, AND MATH SKILLS

Always talking	Difficulty speaking clearly	Difficulty finding the right word to say
Jumps from topic to topic	Rambles on without saying much	Odd or unusual language or vocal sounds
Doesn't understand at all	Can't follow two-part directions	Difficulty understanding normal conversation
Difficulty with writing	Difficulty with spelling	Difficulty reading letters or words
Difficulty with math	Other speech, language, or math problems: _____	

#### 3) SPATIAL SKILLS

Confusion telling right from left	Doesn't know his/her colors	Problems drawing or copying
Difficulty dressing	Difficulty recognizing objects	Difficulty with puzzles, Legos, or blocks
Gets lost in familiar places	Doesn't pay attention to facial expressions	

#### 4) AWARENESS AND CONCENTRATION

Mind appears to go blank at times      Loses train of thought      Attention starts out OK but can't keep it up  
Difficulty concentrating on what others say, but can watches TV for long periods  
Easily distracted by: Sounds / Sights / Physical sensations      Other concentration problems: \_\_\_\_\_

#### 5) MEMORY

Forgets where he/she leaves things	Forgets things that happened recently (e.g., last meal)
Forgets things that happened days/weeks ago	Forgets what he/she is supposed to be doing
Forgets names more than most people do	Forgets school assignments
Forgets instructions	Other memory problems: _____

#### 6) MOTOR AND COORDINATION      Indicate **Right side (R)** **Left side (L)** **Both sides (B)**

Poor fine motor skills	Clumsy	Drops things	Weakness	Tremor	Tics
Tight or spastic muscles	Poor Balance	Unusual walk	Odd movements (posturing)		

#### 7) SENSORY      Indicate **Right side (R)** **Left side (L)** **Both sides (B)**

Problems seeing objects	Loss of feeling	High pain threshold	Difficulty telling hot from cold
Problems hearing sounds	Difficulty smelling odors	Difficulty tasting food	
Overly sensitive to: Touch	Light	Noise	Other sensory problems: _____

**8) PHYSICAL      How Often?**

Frequently complains of headaches or nausea \_\_\_\_\_ Has dizzy spells \_\_\_\_\_  
Joints pains (where)? \_\_\_\_\_ Excessive tiredness \_\_\_\_\_  
Frequent urination or drinking \_\_\_\_\_ Other physical problems: \_\_\_\_\_

**9) BEHAVIOR (Please circle)**

Risk-taking    Aggressive    Quiet    Nervous    Nightmares    Night terrors    Sleepwalks  
Poor Attachment    Bizarre behavior    Resists change    Poor Sleeping habits    Poor Eating habits  
Bedwetting    BM in underwear    Self-mutilates    Self-stimulates    Shy and withdrawn  
Emotional    Fearful    Swears a lot    Depressed    Dependent    Immature    Unmotivated

Below circle all the descriptions of the child that have been present for at least the **past 6 months**.  
These behaviors should occur more frequently than in other children of the same age.

Is very fidgety    Can't remain seated    Highly distractible    Impulsive    Can't wait for his/her turn  
Steals things without people knowing    Easily lies to others    Sets fires    Sexually violent  
Often runs away from parents' home    Won't go to school    Starts fights with others  
Rarely follows others' instructions    Breaks into other people's property    Destroys other people's property  
Is cruel to animals    Is cruel to family members    Is cruel to other people    Doesn't listen to adults

**10)** Overall, the child's symptoms developed: Slowly / Quickly. The symptoms occur: Occasionally / Often  
**11)** Over the past 6 months the symptoms have: Gotten better / Stayed about the same / Worsened

**PREGNANCY**

- 12)** Mother's age at child's birth: \_\_\_\_\_ Father's age at child's birth: \_\_\_\_\_  
**13) Before** the pregnancy, what medications (prescribed or over-the-counter) did the mother take?  
List all medications used: \_\_\_\_\_  
**14) While** pregnant, what medications (prescribed or over-the-counter) did the mother take?  
List all medications used: \_\_\_\_\_  
**15)** How often did the mother see her doctor during the pregnancy? Regularly / Rarely / Not at all  
**16)** During the pregnancy, which of the following did the mother use?  
Amount and Daily Frequency: Alcohol \_\_\_\_\_ Caffeine \_\_\_\_\_ Tobacco \_\_\_\_\_  
Marijuana \_\_\_\_\_ Recreational drugs (cocaine, heroin, etc.) \_\_\_\_\_  
**17)** During the pregnancy, the mother's diet was: Good / Poor. If poor, explain: \_\_\_\_\_  
**18)** The mother's general health during the pregnancy was: Good / Poor If poor, explain: \_\_\_\_\_  
**19)** About how much weight did the mother gain while she was pregnant? \_\_\_\_\_Lbs.  
**20)** During this pregnancy, circle all the mother had:  
Accident    Anemia    Bleeding (severe or frequent spotting)    Diabetes    High blood pressure  
Preeclampsia, eclampsia, or toxemia    Psychological problems    Surgery    Vomiting (severe or frequent)  
**21)** Number of pregnancies mother had prior to this one? Number of live births: \_\_\_\_\_ miscarriages: \_\_\_\_\_

**BIRTH**

- 22)** Was this child born: Early How early? \_\_\_ weeks; On time? \_\_\_ (38-42 weeks) Late How late? \_\_\_ weeks  
**23)** How much did the baby weigh at birth? \_\_\_Lbs. \_\_\_ oz. How many hours did the labor last? \_\_\_\_\_  
**24)** The labor was: Easy Moderately difficult Very difficult. Medication given to help with delivery? \_\_\_\_\_  
**25)** Were forceps used during delivery? Yes No List the baby's APGAR scores: 1st \_\_\_\_\_ 2nd \_\_\_\_\_  
**26)** Was the baby born: Head first /Transverse /Posterior first /Breech birth /C-section /Vacuum extraction  
**27)** Did the baby experience any of these: Fetal distress /Low placenta (Placenta previa) /Prolapsed cord  
Premature separation of placenta (Abrupto placenta) /Cord wrapped around neck  
**28)** Describe any other special problems the mother or child had during delivery: \_\_\_\_\_  
**29)** At birth, did the baby: Have difficulty breathing? Yes No /Fail to cry? Yes No /Seem inactive? Yes No  
**30)** If the parent noticed anything unusual when they first saw the baby, describe: \_\_\_\_\_  
If the baby was born with any problems (congenital defects, large or small head, blue baby, bleeding in brain, etc, decribe: \_\_\_\_\_ How long did the baby stay in the hospital? \_\_\_\_\_  
Describe any special problems that the baby had in the first few days following birth: \_\_\_\_\_  
Describe any special care, treatment, or equipment the child was given after birth: \_\_\_\_\_

## DEVELOPMENTAL HISTORY

31) For each area, indicate the child's development by circling one description. The "average" period is only a rough idea of what is average since every developmental milestone actually involves a range of several months (e.g. walking occurs approximately 9-18 months of age). Circle "early" or "late" only if you are sure the child's development was different from that of most other children.

MOTOR SKILLS:	Crawled:	Early	Average (6-9 month)	Late	
	Walked alone (2-3 steps):	Early	Average (9-18 month)	Late	
LANGUAGE:	Followed simple commands:	Early	Average (12-18 month)	Late	
	Used single-word sentences:	Early	Average (12-24 month)	Late	
SELF-HELP	Toilet trained:	Early	Average (13-36 month)	Late	Easy/Hard

32) List any other significant developmental problems: \_\_\_\_\_

33) Overall, the child's development was:      Early      Average      Late

34) As an infant or toddler, did the child have poor muscle control of the: Neck    Trunk    Legs    Arms

35) As an infant or toddler, did the child's muscles seem to be unusually tight or stiff?    Yes    No

36) As an infant or toddler, the child was: Too calm / inactive;    Calm / reasonably active;    Irritable /very active

37) As a toddler, the child was: Shy /inhibited;    Neither shy nor outgoing;    Very outgoing and liked people;

38) Did the baby have a poor appetite?    Yes    No    Did the baby fail to gain weight steadily?    Yes    No

39) List the baby's illnesses or physical problems during the first year: \_\_\_\_\_

40) Has the child had a temperature of 104°F (40°C) or higher for more than a few hours?    Yes    /    No

If yes, what age (s)? \_\_\_\_\_ How long did it last? \_\_\_\_\_

41) Has the child ever been hit hard on the head or suffered a head injury?    Yes    No

If yes, what age(s)? \_\_\_\_\_ Did the child lose consciousness?    Yes    No

How did it happen? \_\_\_\_\_

What problems did the child have (physical or mental) afterwards? \_\_\_\_\_

42) Has the child been diagnosed with seizures or epilepsy?    Yes    No

Which type? Febrile    Absence    Partial seizure    Generalized seizure    Unclassified type

If medication is used, which medication(s)? \_\_\_\_\_

43) Was the child ever in the hospital for an injury or operation?    Yes    No    If yes, what age(s)? \_\_\_\_\_

What happened? \_\_\_\_\_

44) Has the child ever swallowed any poison, an object, or drug accidentally?    Yes    No

45) Did the child have frequent ear infections?    Yes    No    If yes, what age? \_\_\_\_ How often / severe? \_\_\_\_\_

What treatment was provided? \_\_\_\_\_ PE tubes? \_\_\_\_\_

46) Please check all the following diseases or conditions the child has ever had:

Allergies    Cerebral palsy    Jaundice    Mumps    Anemia    Chicken pox    Kidney disorder    Meningitis  
Oxygen deprivation    Asthma    Colds (excessive)    Leukemia    Pneumonia    Bleeding disorder    Diabetes  
Liver disorder    Rheumatic fever    Blood disorder    Encephalitis    Lung disorder    Scarlet fever    Measles  
Enzyme deficiency    Tuberculosis    Broken bones    Genetic disorder    STD's    Cancer    Heart disorder  
Metabolic disorder    Whooping cough    Other problems: \_\_\_\_\_

47) Has the child been sick:    Much of the time    /    An average amount    /    Not much at all

48) List all current medications: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

49) What is the current child's: Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

50) When was the child's last medical check-up? \_\_\_\_\_

51) What therapies have been provided to the child?    No therapies

Occupational therapy    Physical therapy    Psychological counseling    Cognitive rehabilitation    Speech therapy

## FAMILY HISTORY

52) The child lives with: Biological parent(s); Biological parent & other; Relatives; Foster care; Adoptive parents

53) The family's income is: under \$10,000    \$10,000-\$29,999    \$30,000-\$50,000    over \$50,000

54) Is the child's biological mother living? \_\_\_\_\_ If deceased, explain: \_\_\_\_\_

a. Her age? \_\_\_\_\_ b. What is her level of education? \_\_\_\_\_ c. Her occupation? \_\_\_\_\_

d. Does she live in the same house as the child?    Yes    No    e. How often does she see the child? \_\_\_\_\_

g. How involved is the mother in the child's upbringing?    Very      Somewhat      Not at all

h. Did mother have a learning disability or other problems during school years?    Yes    No    What: \_\_\_\_\_

i. What are the mother's hobbies? \_\_\_\_\_

55) Is the child's biological father living? \_\_\_\_\_ If deceased, explain: \_\_\_\_\_

a. His age? \_\_\_\_\_ b. What is his level of education? \_\_\_\_\_ c. His occupation? \_\_\_\_\_

d. Does he live in the same house as the child?    Yes    No    e. How often does he see the child? \_\_\_\_\_

- f. How involved is the father in the child's upbringing? Very Somewhat Not at all  
 g. Did father have a learning disability or other problems when he was in school? What? \_\_\_\_\_  
 h. What are the father's hobbies? \_\_\_\_\_

**56)** Please list the names, ages, and grade (or job) of the child's brothers and sister:

Name	Age	Grade or job	Learning challenges	Disabilities
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**57)** Has anyone in the child's biological family (including parents, grandparents, siblings, aunts & uncles) ever had any of the following:

Which relative? Describe the problem briefly

Brain disease _____	Developmental delay _____
Epilepsy or seizures _____	Learning disability _____
Mental retardation _____	Neurological disease _____
Psychological problems _____	Reading or spelling difficulties _____
Speech or language problems _____	

**58)** Which of the child's biological relatives are left handed? No one Mother Father Siblings Grandparent(s)

**59)** How is the child disciplined? \_\_\_\_\_

**60)** List the child's usual recreational activities and hobbies: \_\_\_\_\_

**61)** Have there been any major family stresses or changes in the past year (e.g. moving with change of school, divorce, significant illness, etc)? Yes No If yes, explain: \_\_\_\_\_

How much stress has these changes caused the child? (circle one) None Mild Moderate Severe

### SCHOOL HISTORY

**62)** The child's Grade school: \_\_\_\_\_ Middle school: \_\_\_\_\_ High School: \_\_\_\_\_

**63)** Has the child ever repeated a grade? Yes No If yes, which grade? \_\_\_\_ Why? \_\_\_\_\_

**64)** Has the child ever been in a special class, or special services (e.g. resource room, dyslexia class)? Yes No  
 If yes, describe the special class: \_\_\_\_\_ Is the child receiving special services now? Yes No

**65)** Does the child like school? Most of the time Some of the time Almost never

**66)** Does the child: Have problems with other children in class? Yes No  
 Have problems making friends in school? Yes No  
 Have problems getting along with teachers? Yes No  
 Tend to get sick in the morning before school? Yes No

**67)** Describe the teacher's concerns about the child's schoolwork or behavior: \_\_\_\_\_

**68)** What kind of grades has the child received in the past year? A's & B's B's & C's C's & D's D's & F's  
 Or Outstanding Good Satisfactory Improvement needed Unsatisfactory

Are these grades different from previous years? Yes No

**69)** In which subject(s) does the child do best? \_\_\_\_\_

**70)** Which subject(s) are the most difficult? \_\_\_\_\_

**71)** In the past year, how much school has the child missed? Less than 2 weeks 2 to 4 weeks 5 to 8 weeks

Briefly describe the reasons if the child has missed a lot of school: \_\_\_\_\_

**72)** Does the child seem to have a "school phobia"? Yes No If yes, explain: \_\_\_\_\_

**83)** Who are the other professionals that know your child, are very familiar with the child's problems that we can contact (physician, counselor, teacher)?

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Profession: \_\_\_\_\_ Profession: \_\_\_\_\_

\_\_\_\_\_  
 Parent or Guardian's signature

\_\_\_\_\_  
 Date