

PROFESSIONAL CONSULTING • CLINICAL ASSESSMENT • EDUCATIONAL MAPPING

Pediatric Update

By completing this questionnaire prior to your appointment, you will be helping us to better understand your questions and the concerns that are affecting your child and your family. This will also provide us with a great deal of important information, which will allow us to work with you more effectively. Please answer these questions as completely as possible, and bring this form with you to your initial appointment.

Child's name: _____ Nickname: _____

Date of birth: _____ Age of child: _____ Sex: _____

Handedness: _____

Parent(s) name(s): _____

Address: _____

Telephone: Home _____ Work _____

Name of person completing form: _____

Relationship to child: _____

Date form completed: _____

Are you this child's legal guardian? Yes No

If you are not the guardian, do you have written consent documenting your right to seek treatment for this child?
 Yes No

I. Updated Medical History

When was your child's most recent physical? _____ *Yes* *No*

Have there been any changes to your child's medical history? _____
If yes, please describe.

Please list your child's current medications (if applicable):

Name	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the name, address, and telephone number of the doctor (e.g., pediatrician, family physician) who cares for your child:

Name: _____
Address: _____

Telephone number: _____

II. Updated Family History

Mother's name: _____ Age: _____

Highest level of education completed: _____ Occupation: _____

Place of employment: _____

Work hours: _____ Work phone: _____

Father's name: _____ Age: _____

Highest level of education completed: _____ Occupation: _____

Place of employment: _____

Work hours: _____ Work phone: _____

Step-parent's name (if applicable): _____ Age: _____

Highest level of education completed: _____ Occupation: _____

Place of employment: _____

Work hours: _____ Work phone: _____

Parents are:

Married: _____ Date: _____
Separated: _____ Date: _____
Divorced: _____ Date: _____
Unmarried: _____ Date: _____
Widowed: _____ Date: _____

If parents are divorced, who has legal custody? _____

If parents are separated or divorced, please describe physical custody and visitation arrangements?

Please list the persons who are currently living in the home with the child:

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Relationship to child</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any family members who are no longer at home:

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Relationship to child</u>	<u>When did they leave?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is this child a foster child? Yes _____ No _____ Is this child adopted? Yes _____ No _____

If a foster child or adopted, at what age was the child placed with you? _____

If a foster child or adopted, has this been discussed with the child? Yes _____ No _____

If adopted, when was adoption legally finalized? _____

If a foster child or adopted, how many placements occurred prior to being placed in your home? _____

If there have been previous placements, please list all of the child's placements and length of placement _____

Who provides care for your child while you are at work (if applicable)? _____

During the past 12 months, has your family experienced any of the following:

	<i>Yes</i>	<i>No</i>
Death of a family member:	_____	_____
Serious illness:	_____	_____
Unemployment:	_____	_____
Marital problems:	_____	_____
Other (please describe _____)	_____	_____

VI. Updated School History

Current grade placement: _____

School name: _____

Address: _____
(street)

(city)

(state)

(zip code)

Please list any changes to your child's school programming that have occurred since the last evaluation.

Since the last evaluation, has school reported current problems with any of the following: (Check)

Reading	_____	Describe: _____
Spelling	_____	Describe: _____
Writing	_____	Describe: _____
Arithmetic	_____	Describe: _____
Social adjustment	_____	Describe: _____
Attention span	_____	Describe: _____
Following directions	_____	Describe: _____

Thank you for taking the time to complete this questionnaire. I look forward to seeing you on your appointment date.

(signature of parent/guardian)

(today's date)

(city, state, zip code)

(telephone number)