Banner Health®

NEW PATIENT MEDICAL HISTORY
BEHAVIORAL HEALTH PEDIATRIC

Current Mental Health Providers

Counselor/Therapist Name ________________________ Phone ________________

Psychiatrist Name ________________________ Phone ________________

Specialty ____

Current School ________________________ School Phone ________________

Contact Name ________________________________

Current grade level ____________ Average grades ____________

Homework problems ____

____

Current Concerns

Please describe your child's problem(s) (that is, the concerns that brought you here today):

When did these problems begin?

Please give examples of the problem:

Why do you think your child is having this particular problem?

Challenging Behavior

1. Record each problem behavior the individual displays and describe it specifically. Include any damage resulting from the problem behavior either to the individual or others. Please rank in order of concern to yourself or other caretakers.

	Behavior	Description
A.	________________	________________________________
B.	________________	________________________________
C.	________________	________________________________
D.	________________	________________________________
E.	________________	________________________________
F.	________________	________________________________
G.	________________	________________________________

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2. Estimate the severity of the problem behavior of greatest concern (circle one)
   Moderate   Severe   Life-threatening
3. Has the individual ever been sent to the hospital to treat an injury resulting from the behavior? No Yes
   Describe: ______
4. Has the individual ever sent someone else to the hospital to treat an injury resulting from the behavior? No Yes
   Describe: ______
5. Has the individual ever been hospitalized to develop a treatment for these behavior problems? No Yes
   Describe: ______
6. In what settings do these behaviors occur?
   a. Home
   b. School
   c. Community: specify ______
   d. Other: ______
7. Estimate the current frequency of the problem behavior(s) (circle one).
   a. Less than one episode per week (list frequency)
   b. 1 to 3 episodes per seek
   c. Occurs about once daily
   d. Occurs several times per day
   e. Occurs every hour while awake
8. How long has the individual been engaging in the problem behavior(s) (circle one)?
   a. Within past 6 months
   b. More than 6 months but less than 1 year
   c. More than 1 year but less than 3 years
   d. More than 3 years but less than 5 years
   e. More than 5 years but less than 10 years
   f. More than 10 years
9. When is the problem behavior(s) likely to occur (circle all that apply)
   a. When individual is left alone or unattended
   b. When lots of people are around
   c. When demands are placed on the individual
   d. Mealtimes, dressing or bathing (circle)
   e. Time of day: ______
   f. Other: ______
10. Are there any occasions when the problem behavior(s) rarely or never occurs?
    ______
    ______
11. a. How do people (staff, parents, etc.) typically respond when the individual engages in the problem behavior(s)?
    ______
    (If a formal program is currently being conducted, refer to it here and send a copy)
11. b. How long has the program been in place? ______
    ______
12. Estimate the general trend of the problem behavior(s) during the past year (circle one)
    a. Increasing (behavior getting worse)   b. Decreasing (behavior getting better)   c. Stable (about the same)
13. Does the individual display aggressive behavior toward staff or peers? If yes, explain: ______
    ______
    ______
    ______

14. Was the onset of the problem behavior(s) associated with any specific event or series of events?

____

____

____

Have the following procedures ever been used to treat the problem behavior(s)? (circle all that have been used)

a. Restraint

Describe: ____

____

Start Date: ____________________ Still used? No / Yes Stop Date: ____________________

Estimated degree of success:

____

____

____

Which problem behavior(s) was the treatment indicated for?

____

____

b. Protective Equipment

Describe: ____

____

Start Date: ____________________ Still used? No / Yes Stop Date: ____________________

Estimated degree of success:

____

____

Which problem behavior(s) was the treatment indicated for?

____

____

____

c. Behavior Modification - positive reinforcement

Describe: ____

____

Start Date: ____________________ Still used? No / Yes Stop Date: ____________________

Estimated degree of success:

____

____

Which problem behavior(s) was the treatment indicated for?

____

____

d. Behavior Modification - punishment
Describe: ____
____
Start Date: ____________________ Still used? No / Yes Stop Date: ____________________
Estimated degree of success:
____
____
Which problem behavior(s) was the treatment indicated for?
____
____

e. Other Describe: ____
____
Start Date: ____________________ Still used? No / Yes Stop Date: ____________________
Estimated degree of success:
____
____
Which problem behavior(s) was the treatment indicated for?
____

What are your goals for consulting with our clinic? That is, what would you like to happen?

1. ____
2. ____
3. ____
4. ____

What feelings does your child MOST OFTEN show when faced with stress or other problems? (i.e. anger, fear, sadness, etc.)

What seems to help your child deal with stress or problems?

What seems to make things worse?

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Life Stress

Major Stresses: Please mark if any of the following events have happened to your child in the past TWO YEARS? *Check all that apply:*

- ❑ Moving to a new home
- ❑ Change to a new school
- ❑ Parents fighting
- ❑ Parents separated
- ❑ Parents divorced
- ❑ New stepmother or stepfather
- ❑ Mother or father lost a job
- ❑ Mother or father got a new job
- ❑ Change in parent's financial status
- ❑ Increased absence of a parent
- ❑ Parent in trouble with the law
- ❑ Parent went to jail
- ❑ Child had major personal injury/illness
- ❑ Serious illness or injury in the family
- ❑ Death of a family member
- ❑ Serious illness of a friend
- ❑ Boyfriend/girlfriend/friend having operation
- ❑ Male: Girlfriend become pregnant
- ❑ Female: Became pregnant
- ❑ Death of a friend
- ❑ Loss of a pet
- ❑ Got a new pet
- ❑ Got own car
- ❑ New brother or sister
- ❑ Trouble with a brother or sister
- ❑ More arguments with parents
- ❑ Less arguments with parents
- ❑ Getting a new boyfriend/girlfriend
- ❑ Breaking up with boyfriend/girlfriend
- ❑ Making up with boyfriend/girlfriend
- ❑ Losing a close friend
- ❑ Got a new job
- ❑ Lost a job
- ❑ Special recognition for good grades
- ❑ Making the honor role
- ❑ Joining a new club
- ❑ Making an athletic team, cheerleading, etc.
- ❑ Failing to make athletic team, cheerleading, etc.
- ❑ Trouble with teacher
- ❑ Trouble with classmates
- ❑ Making failing grades in school classes
- ❑ Failed a grade/put back a grade
- ❑ Skipped a grade/put ahead a grade
- ❑ Got suspended from school
- ❑ Got into trouble with the police
- ❑ Got put into detention, jail

Sleep

Where does your child sleep? *Please check all that apply.*

- ❑ Own bed
- ❑ Shares a bed. If so, with whom? ______________________
- ❑ Other (couch, floor, etc.) ______________________
- ❑ Own room
- ❑ Shares a room. If so, with whom? ______________________

What time does child usually go to bed on SCHOOL days? ______________________

What time does child usually go to bed on WEEKENDS? ______________________

How long (in minutes) does it usually take for child to fall asleep each night?	15 or less	16 – 30	31 – 60	61 or more
	❑	❑	❑	❑

Problems falling asleep? ❑ No ❑ Yes If yes, please describe: ______________________

____

Problems staying asleep? ❑ No ❑ Yes If yes, please describe: ______________________

____

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On average, how many hours does your child sleep at night?

❑ Less than 6 hours ❑ 7 – 8 hours ❑ 9 hours ❑ 10 hours ❑ More than 10 hours

What time does child usually wake up on SCHOOL days? ____________________

What time does child usually wake up on WEEKENDS? ____________________

Problems waking up? ❑ No ❑ Yes If yes, please describe: ____________________

How often does your child take a nap?

❑ Never ❑ 1 – 2 days per week ❑ 3 – 6 days per week ❑ Every day

There is a television in my children's room. ❑ No ❑ Yes

Any current or history of: *Check all that apply*

❑ Loud Snoring ❑ Sleep Terrors ❑ Awaken gasping for breath or choking

❑ Restless Sleep ❑ Dry mouth ❑ Irresistible urge to move legs or arms

❑ Sleepy during the day ❑ Grinds teeth ❑ Bedwetting at night

❑ Mouth breathing ❑ Sleep Walking ❑ Recurrent nightmares

❑ Observed apnea (stops breathing) while sleeping ❑ Pain in legs at night

Diet and Nutrition

Is your child currently on a special diet? (e.g., vegetarian, vegan, high protein, gluten free) ❑ No ❑ Yes

If yes, please list dietary restrictions: ____________________

How many meals per week does your family eat together where your child is present?

❑ None ❑ 1 – 5 ❑ 6 – 10 ❑ 11 – 15 ❑ 16 or more

How many mornings per week does your child eat breakfast?

❑ None ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7

The amount of certain foods and beverages your child eats on an AVERAGE day:

Soda (glasses, cups, or cans of Coke, Pepsi, etc)	❑ None	❑ 1	❑ 2 or more	❑ Don't know
Caffeinated tea (cups of iced tea or hot tea)	❑ None	❑ 1	❑ 2 or more	❑ Don't know
Caffeinated coffee (8 ounce cups)	❑ None	❑ 1	❑ 2 or more	❑ Don't know
Energy drinks (cans, glasses, or cups)	❑ None	❑ 1	❑ 2 or more	❑ Don't know
Fast Food	❑ None	❑ 1	❑ 2 or more	❑ Don't know
Restaurant meals (including take out)	❑ None	❑ 1	❑ 2 or more	❑ Don't know
Prepackaged meals (including frozen meals)	❑ None	❑ 1	❑ 2 or more	❑ Don't know
Servings of fruit	❑ None	❑ 1	❑ 2 or more	❑ Don't know
Servings of vegetables	❑ None	❑ 1	❑ 2 or more	❑ Don't know

Physical Activity and Exercise

How many days a WEEK does your child spend at least 60 minutes in physical exercise that made child breathe hard and increase heart rate (running, swimming, riding a bicycle, playing sports):

❑ None ❑ 1-2 days ❑ 3-4 day ❑ 5-6 days ❑ 7 days

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Does your child have and attend Physical education (PE) class at school:

❑ No ❑ Yes ❑ Don't know

Screen Time

For an average day, how many hours does your child spend:

Watching TV ________________

Playing video games ________________

Using computer ________________

Cell phone ________________

Other electronic device ________________

Playing video games: include online games, X Box, Play Station, iPad/tablet, iPhone/smartphone

Using a computer: school work, internet, emailing, Skype. DO NOT include video games

Cell phone, other electronic device: for texting, talking with friends, etc.

Child's Past Psychiatric or Mental Health Care

Past Psychiatric Medications

What prescription psychiatric medications have been tried with your child in the PAST? Include all medications that have been prescribed by a doctor or other health care provider (if you have them, please bring all medication bottles to your first visit).

Name of Past Psychiatric Medication	Strength (Ex: 50 mg, 5 units)	Dose (Ex: 1 capsule daily, 1 teaspoon twice a day)	Reason Started	Side Effects

Has your child EVER seen a therapist or counselor before? (e.g., psychologist, social worker, school counselor)

❑ No ❑ Yes If yes, when and why? ____

____

____

Has your child EVER seen a psychiatrist before? ❑ No ❑ Yes If yes, when and why? ________________

____

____

Does the child have a history of:

❑ Seizures ❑ Concussions ❑ Head traumas

❑ Passing out ❑ Palpitations (rapid heartbeat) ❑ Heart murmur

❑ Rheumatic fever ❑ Chest pain or shortness of breath with exercise

❑ High blood pressure ❑ Reflux

Does the child have a history of eczema ❑ No ❑ Yes If yes, when diagnosed: ________________

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FOR GIRLS:

Has your daughter begun menstruation (having her periods)? ❑ No ❑ Yes If yes, at what age? _______________

Are her menstrual cycles ❑ Regular (every 28 days) ❑ Not regular (3 weeks, 5 weeks)

Does she have significant mood changes that go along with her monthly cycles? ❑ No ❑ Yes

If yes, please describe: ____

Does your daughter take birth control? ❑ No ❑ Yes

Review of Systems:

Please indicate by your child has had any of the following medical problems within the past month. *Check all that apply.*

General
- ❑ Fever
- ❑ Fatigue
- ❑ Recent weight loss or gain
- ❑ Restriction of numerous foods
- ❑ Heat or cold intolerance
- ❑ Difficulty sleeping

Head, Eyes, Ears, Nose, Mouth, Throat
- ❑ Headache
- ❑ Dizziness
- ❑ Loss of hair
- ❑ Swollen glands
- ❑ Red or irritated eyes
- ❑ Ringing in ears
- ❑ Dry mouth
- ❑ Bad breath
- ❑ Mouth sores
- ❑ Sore throat
- ❑ Voice changes
- ❑ Swollen glands
- ❑ Running nose
- ❑ Post nasal drip

Respiratory
- ❑ Shortness of breath
- ❑ Wheezing
- ❑ Chest pain on taking a deep breath
- ❑ Other chest pain or tightness
- ❑ Cough

Genitourinary
- ❑ Pain with urination
- ❑ Increase in frequency or urgency in urinating
- ❑ Blood in urine

Cardiovascular
- ❑ Irregular heart beat
- ❑ Murmur
- ❑ Palpitations

Bones, Muscles, Joints
- ❑ Morning stiffness
- ❑ Joint pain
- ❑ Joint swelling
- ❑ Muscle pain
- ❑ Neck pain
- ❑ Low back pain
- ❑ Numbness or tingling

Skin
- ❑ Rash over cheeks
- ❑ Hives or welts
- ❑ Easy bruising
- ❑ Sun sensitivity
- ❑ White, blue, or red skin color change in fingers when exposed to cold
- ❑ Strong foot odor

Gastrointestinal
- ❑ Loss of appetite
- ❑ Difficulty swallowing
- ❑ Heartburn, indigestion
- ❑ Nausea
- ❑ Vomiting
- ❑ Pain or cramps in abdomen
- ❑ Abnormal stool patterns
- ❑ Bloated abdomen and gas/burping
- ❑ Diarrhea
- ❑ Constipation
- ❑ Blood in stools
- ❑ Vomiting blood

Family History

Questions in this section are separated between biological parents and guardians/foster parents. If you are a guardian or foster parent, please first answer what you know about the child's biological mother and father. Then, move to the section about yourself.

Biological Parents

Biological Mother

Biological mother's current age: _____________

If deceased, age at death and cause of death: ____

Biological mother's race/ethnicity:

❑ American Indian ❑ Alaska Native ❑ Asian ❑ Black / African American ❑ Hispanic / Latino ❑ Middle Eastern Indian
❑ Native Hawaiian / Other Pacific Islander ❑ Other ________________________ ❑ Unknown

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Biological mother's highest level of completed education?

- ❑ Elementary School only (grades 1-8)
- ❑ Some high school, but did not finish (grades 9-11)
- ❑ Completed high school or GED (high school graduate)
- ❑ Some college, but have not completed a degree
- ❑ Two-year college degree / A.A / A.S.
- ❑ Four-year college degree / B.A. / B.S.
- ❑ Some graduate work but have not completed a degree
- ❑ Completed a Master's degree or professional degree (e.g., ARNP)
- ❑ Completed a Ph.D., law degree, M.D., or similar advanced professional degree

Biological mother's current employment status?

❑ Employed full time ❑ Employed part time ❑ Unemployed / Looking for work ❑ Homemaker ❑ Retired

If employed full or part time, what is biological mother's occupation or type of work? ____________________

____

Has the biological mother ever sought psychiatric treatment? ❑ No ❑ Yes

If yes, please explain the purpose: ____________________

Has the biological mother ever had treatment or counseling for alcohol or drug use? ❑ No ❑ Yes

If yes, please explain: ____________________

Does/has anyone on the biological mother's side of the family…

Take psychiatric medications? ❑ No ❑ Yes If yes, who, what medications, and why? ____________________

____

Ever been hospitalized for a psychiatric problem? ❑ No ❑ Yes If yes, who and why? ____________________

____

Ever been hospitalized for alcoholism or drug abuse? ❑ No ❑ Yes If yes, who and why? ____________________

____

Ever attempted suicide? ❑ No ❑ Yes If yes, who? ____________________

Ever committed/completed suicide? ❑ No ❑ Yes If yes, who? ____________________

Biological Father

Biological father's current age: _________

If deceased, age at death and cause of death: ____________________

Biological father's race/ethnicity:

❑ American Indian ❑ Alaska Native ❑ Asian ❑ Black / African American ❑ Hispanic / Latino ❑ Middle Eastern Indian
❑ Native Hawaiian / Other Pacific Islander ❑ Other ____________________ ❑ Unknown

Biological father's highest level of completed education?

- ❑ Elementary School only (grades 1-8)
- ❑ Some high school, but did not finish (grades 9-11)
- ❑ Completed high school or GED (high school graduate)
- ❑ Some college, but have not completed a degree
- ❑ Two-year college degree / A.A / A.S.
- ❑ Four-year college degree / B.A. / B.S.
- ❑ Some graduate work but have not completed a degree
- ❑ Completed a Master's degree or professional degree (e.g., ARNP)
- ❑ Completed a Ph.D., law degree, M.D., or similar advanced professional degree

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Biological father's current employment status?

❑ Employed full time ❑ Employed part time ❑ Unemployed / Looking for work ❑ Homemaker ❑ Retired

If employed full or part time, what is biological father's occupation or type of work? ______________________________

____

Has the biological father ever sought psychiatric treatment? ❑ No ❑ Yes

If yes, please explain the purpose: ______________________________

Has the biological father ever had treatment or counseling for alcohol or drug use? ❑ No ❑ Yes

If yes, please explain: ______________________________

Does/has anyone on the biological father's side of the family:

Take psychiatric medications? ❑ No ❑ Yes If yes, who, what medications, and why? ______________________________

____

Ever been hospitalized for a psychiatric problem? ❑ No ❑ Yes If yes, who and why? ______________________________

____

Ever been hospitalized for alcoholism or drug abuse? ❑ No ❑ Yes If yes, who and why? ______________________________

____

Ever attempted suicide? ❑ No ❑ Yes If yes, who? ______________________________

Ever committed/completed suicide? ❑ No ❑ Yes If yes, who? ______________________________

If your child is NOT adopted, please SKIP this section, and resume at "Family Medical History"

Non-Biological/Adoptive Parents

How long has this child been with you? ______________________________

Are you related to the child (grandparent, aunt/uncle)? ❑ No ❑ Yes

If yes, how related? ______________________________

Non-Biological Mother In the following questions, "mother" refers to the foster or adoptive mother

Mother's current age: ____________

If deceased, age at death and cause of death: ______________________________

Mother's race/ethnicity:

❑ American Indian ❑ Alaska Native ❑ Asian ❑ Black / African American ❑ Hispanic / Latino ❑ Middle Eastern Indian
❑ Native Hawaiian / Other Pacific Islander ❑ Other ________________________ ❑ Unknown

Mother's highest level of completed education?

❑ Elementary School only (grades 1-8)
❑ Some high school, but did not finish (grades 9-11)
❑ Completed high school or GED (high school graduate)
❑ Some college, but have not completed a degree
❑ Two-year college degree / A.A / A.S.
❑ Four-year college degree / B.A. / B.S.
❑ Some graduate work but have not completed a degree
❑ Completed a Master's degree or professional degree (e.g., ARNP)
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Mother's current employment status?
❑ Employed full time ❑ Employed part time ❑ Unemployed / Looking for work ❑ Homemaker ❑ Retired
If employed full or part time, what is mother's occupation or type of work? ________________

Please describe the medical problems the mother may have: ________________

Please describe any behavioral/emotional problems the mother may have: ________________
Has the mother ever sought psychiatric treatment? ❑ No ❑ Yes
If yes, please explain the purpose: ________________
Has the mother ever had treatment or counseling for alcohol or drug use? ❑ No ❑ Yes
If yes, please explain: ________________
Does/has anyone on the mother's side of the family…
Take psychiatric medications? ❑ No ❑ Yes If yes, who, what medications, and why? ________________

Ever been hospitalized for a psychiatric problem? ❑ No ❑ Yes
If yes, who and why? ________________
Ever been hospitalized for alcoholism or drug abuse? ❑ No ❑ Yes
If yes, who and why? ________________
Ever attempted suicide? ❑ No ❑ Yes
If yes, who? ________________
Ever committed/completed suicide? ❑ No ❑ Yes
If yes, who? ________________

Non-Biological Father. In the following questions, "father" refers to the foster or adoptive father.
Father's current age: ________
If deceased, age at death and cause of death: ________________

Father's race/ethnicity:
❑ American Indian ❑ Alaska Native ❑ Asian ❑ Black / African American ❑ Hispanic / Latino ❑ Middle Eastern Indian
❑ Native Hawaiian / Other Pacific Islander ❑ Other ________________ ❑ Unknown

Father's highest level of completed education?
❑ Elementary School only (grades 1-8)
❑ Some high school, but did not finish (grades 9-11)
❑ Completed high school or GED (high school graduate)
❑ Some college, but have not completed a degree
❑ Two-year college degree / A.A / A.S.
❑ Four-year college degree / B.A. / B.S.
❑ Some graduate work but have not completed a degree
❑ Completed a Master's degree or professional degree (e.g., ARNP)
❑ Completed a Ph.D., law degree, M.D., or similar advanced professional degree

Father's current employment status?
❑ Employed full time ❑ Employed part time ❑ Unemployed / Looking for work ❑ Homemaker ❑ Retired
If employed full or part time, what is father's occupation or type of work? ________________
Please describe the medical problems the father may have: ________________

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Please describe any behavioral/emotional problems the father may have: ____________________

____

Has the father ever sought psychiatric treatment? ❑ No ❑ Yes

If yes, please explain the purpose: ____________________

____

Has the father ever had treatment or counseling for alcohol or drug use? ❑ No ❑ Yes

If yes, please explain: ____________________

____

Does/has anyone on the father's side of the family:

Take psychiatric medications? ❑ No ❑ Yes If yes, who, what medications, and why? ____________________

____

Ever been hospitalized for a psychiatric problem? ❑ No ❑ Yes

If yes, who and why? ____________________

Ever been hospitalized for alcoholism or drug abuse? ❑ No ❑ Yes

If yes, who and why? ____________________

Ever attempted suicide? ❑ No ❑ Yes

If yes, who? ____________________

Ever committed/completed suicide? ❑ No ❑ Yes

If yes, who? ____________________

Family Medical History

Does anyone in your child's BIOLOGICAL FAMILY have a history of:

Sudden or unexplained death in someone young?	❑ No	❑ Yes
Sudden cardiac death or "heart attack" in members younger than 35 years of age?	❑ No	❑ Yes
Sudden death during exercise?	❑ No	❑ Yes
Cardiac arrhythmias?	❑ No	❑ Yes
Hypertrophic cardiomyopathy or other cardiomyopathy?	❑ No	❑ Yes
Long QT syndrome, short-QT syndrome or Brugada syndrome?	❑ No	❑ Yes
Wolff-Parkinson-White syndrome?	❑ No	❑ Yes
Marfan syndrome?	❑ No	❑ Yes
Celiac disease?	❑ No	❑ Yes

Caregiver Stress Level

To Be Filled Out By The Main Caregiver. Answer these questions about YOUR level of stress.

	Not at all	A little bit	Moderate amount	A good deal	Very much
Stress means a situation in which a person feels tense, restless, nervous or anxious, or is unable to sleep at night because his/her mind is troubled all the time. How much do you feel this kind of stress these days (at the present time)?	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5

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	No stress						Extreme stress
In the past year, how would you rate the amount of stress you have in your life, at home and at work?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6

These questions ask about your feelings and thoughts during the PAST TWO WEEKS (14 days). For each, please indicate how often you felt or thought a certain way.

	Never	Almost never	Some times	Fairly often	Very often
How often have you felt that you were unable to control the important things in your life?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
How often have you felt confident about your ability to handle your personal problems?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
How often have you felt that things were going your way?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4
How often have you felt difficulties were piling up so high that you could not overcome them?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4

	I can shake off stress						Stress eats away at me
In general, how would you rate your ability to handle stress?	❑ 0	❑ 1	❑ 2	❑ 3	❑ 4	❑ 5	❑ 6

Child's Developmental History

Prenatal History and Mother's Health during Pregnancy

Was the pregnancy with this child: ❑ Planned ❑ Unplanned ❑ Unknown

During pregnancy, did mother… *Please check all that apply*

❑ Smoke cigarettes ❑ Drink alcohol ❑ Use medical marijuana ❑ Use illegal drugs ❑ Unknown

Was mother depressed during pregnancy? ❑ No ❑ Yes ❑ Unknown

If yes, how long did it last? ______________________________

Was mother depressed after pregnancy? ❑ No ❑ Yes ❑ Unknown

If yes, how long did it last? ______________________________

Was father depressed after pregnancy? ❑ No ❑ Yes ❑ Unknown

If yes, how long did it last? ______________________________

Birth and Postnatal Period

Where was this child born? ______________________________

City State Country

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Child's primary caregiver in the first year: ❑ Mother ❑ Father ❑ Other: ______________________________

Child's primary caregiver after the first year: ❑ Mother ❑ Father ❑ Other: ______________________________

Developmental History

If you can recall, please record the age at which your child reached the following developmental milestones. If you cannot recall the age, please check the box that best describes when the milestones were reached.

	Age	Best recollection, if exact age is not recalled		
Sat without support	________	❑ Early	❑ Normal	❑ Late
Crawled	________	❑ Early	❑ Normal	❑ Late
Stood without support	________	❑ Early	❑ Normal	❑ Late
Walked without assistance	________	❑ Early	❑ Normal	❑ Late
Bowel trained	________	❑ Early	❑ Normal	❑ Late
Bladder trained, day	________	❑ Early	❑ Normal	❑ Late
Bladder trained, night	________	❑ Early	❑ Normal	❑ Late
Tied shoelaces	________	❑ Early	❑ Normal	❑ Late
Rode bicycle	________	❑ Early	❑ Normal	❑ Late

Did your child ever receive Early Intervention? ❑ No ❑ Yes

If yes, please describe: ____

Language Development

Please indicate the child's age when the following language milestones were reached. (Beside each question is the age most children reach the milestone. They may not be the same for your child).

- Several words besides mama and dada (1 year) ____________
- Naming several objects: ball, cup, etc. (15 months) ____________
- Three words together: subject, verb, object (2 years) ____________

When compared to peers, was there any problem with vocabulary, articulation, and comprehension?

❑ No ❑ Yes ❑ If yes, describe: ______________________________

Has your child ever received speech therapy? ❑ No ❑ Yes If yes, at what age? ____________

Banner Health

NEW PATIENT MEDICAL HISTORY
BEHAVIORAL HEALTH PEDIATRIC

Social Development

Please indicate the child's age when the following social milestones were reached. (Beside each question is the age most children reach the milestone. They may not be the same for your child).

- Smiled (2 mo) ______________
- Shy with strangers (6 - 10 mo) ______________
- Separates from parent easily (2-3 yrs) ______________
- Cooperative play with others (4 yrs) ______________

Were there problems with attachment with mother or father? ❑ No ❑ Yes

If yes, describe: ______________________________

Were there problems when the child was first separating from home, for example when starting daycare/preschool/kindergarten/first grade? ❑ No ❑ Yes

If yes, describe: ______________________________

Problems in relationships with other family members? (Include siblings) ❑ No ❑ Yes

If yes, describe: ______________________________

Problems in past peer interactions. That is, has the child had difficulty getting along with friends?

❑ No ❑ Yes ❑ If yes, describe: ______________________________

Friendships

Does your child get along with other children currently? ❑ No ❑ Yes

Does your child get invited for sleepovers or birthday parties? ❑ No ❑ Yes

Does your child attend sleepovers or birthday parties? ❑ No ❑ Yes

Does your child have a best friend? ❑ No ❑ Yes

Animals

Does your child have any fears of animals? ❑ No ❑ Yes

Does your child have a pet now or had a pet in the past? ❑ No ❑ Yes Pet's name ______________

Emotional Development

Each child is BORN with a natural form of interacting with people, places, and things. This is called their "temperament." Of the following, how would you describe your child's temperament?

- ❑ **Easy or flexible** children are generally calm, happy, regular in sleeping and eating habits, adaptable, and not easily upset. Because of their easy style, parents need to set aside special times to talk about the child's frustrations and hurts because he or she won't demand or ask for it.
- ❑ **Difficult, active, or feisty** children are often fussy, irregular in feeding and sleeping habits, fearful of new people and situations, easily upset by noise and commotion, high strung, and intense in their reactions.
- ❑ **Slow to warm up or cautious** children are relatively inactive and fussy, tend to withdraw or to react negatively to new situations, but their reactions gradually become more positive with continuous exposure.

Does your child have fears/phobias (the dark, snakes, clowns, etc.)

❑ No ❑ Yes ❑ If yes, describe: ______________________________

Does your child have special objects (blanket, dolls, etc.)

❑ No ❑ Yes ❑ If yes, describe: ______________________________

Banner Health

NEW PATIENT MEDICAL HISTORY
BEHAVIORAL HEALTH PEDIATRIC

Housing and Household

Child's Housing. Which of the following best describes your child's current housing situation?

❑ Own single/multiple family home ❑ Boarding school ❑ Homeless
❑ Rented apartment ❑ Group home
❑ Rented house ❑ Shelter
❑ Subsidized housing (e.g., HUD) ❑ Residential treatment

What is the primary language spoken in the home? ______________________________

Do you have any concerns about the security or safety of the home or neighborhood?

❑ No ❑ Yes If yes, please describe: ______________________________

For this current year, what do you expect your family income from all sources before taxes to be?

❑ Under $25,000 ❑ $75,000 - $99,999 ❑ Over $150,000 Prefer not to disclose
❑ $25,000 - $39,999 ❑ $100,000 - $124,999 ❑ Prefer not to disclose
❑ $40,000 - $49,999 ❑ $125,000 - $149,999
❑ $50,000 - $74,999

Legal

Has Child Protective Services ever been involved in your family's life? ❑ No ❑ Yes

If yes, please describe: ______________________________

____

Does a parent or child have a history with the legal system? ❑ No ❑ Yes

If yes, please describe: ______________________________

____

Family Religious/Spiritual Beliefs

Does your family attend religious services? ❑ No ❑ Yes If yes, please describe: ______________________________

____

Is your child involved in a youth group through your family's religion? ❑ No ❑ Yes

If yes, please describe: ______________________________

What religious/spiritual dimensions should we consider in planning your child's care, if any? ______________________________

____

Discipline

What disciplinary techniques do you use with your child? ______________________________

____

Have these techniques been effective? ❑ No ❑ Yes

What methods of discipline seem to work best with the child? ______________________________

____

Banner Health

NEW PATIENT MEDICAL HISTORY
BEHAVIORAL HEALTH PEDIATRIC

School History

Does the child currently have a learning disability or a history of a learning disability? ❑ No ❑ Yes

If yes, please describe: ______________________________

Comments from teachers: ______________________________

Other school/educational concerns: ______________________________

Does the child have an **Individualized Education Program** (IEP)? ❑ No ❑ Yes

If yes, what are the accommodations? ______________________________

Are you satisfied with the accommodations? ❑ No ❑ Yes

Does the child have a **504 plan**? ❑ No ❑ Yes

If yes, what are the accommodations? ______________________________

Are you satisfied with the accommodations? ❑ No ❑ Yes

ADDITIONAL INFORMATION

Is there any additional information you would like us to know or which you believe will be helpful to better understand your child?

____

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