

DATE: _____

PATIENT NAME: _____ D.O.B. _____

DOES THIS CHILD HAVE ALLERGIES? YES/NO TYPE OF ALLERGY: _____

PLEASE INDICATE DETAILED REASON(S) FOR THIS VISIT:

DEVELOPMENTAL HISTORY:

APPROXIMATELY AT WHAT AGE DID THIS CHILD?

SMILE	_____	RIDE A TRICYCLE	_____
HAVE HEAD CONTROL	_____	RIDE A BICYCLE	_____
SIT ALONE	_____	STOP DROOLING	_____
CRAWL	_____	SAY HIS/HER FIRST WORD	_____
STAND ALONE	_____	TALK IN SENTENCES	_____
WALK UNASSISTED	_____	TIE SHOELACES	_____
BUTTON OWN CLOTHES	_____	TOILET TRAIN	_____

MEDICAL HISTORY AND TREATMENTS:

HOSPITALIZATIONS: YES/NO NAME OF HOSPITAL: _____
DATE OF HOSPITALIZATION: _____

DOES THIS CHILD HAVE ANY IMPAIRMENT (SPEECH, VISUAL, HEARING, PHYSICAL, LEARNING, ETC.)?

HAS THIS CHILD HAD SPEECH THERAPY? YES/NO WHEN: _____ WHERE: _____

HAS THIS CHILD HAD PSYCHOTHERAPY? YES/NO WHEN: _____ WHERE: _____

IS THIS CHILD CURRENTLY ON MEDICATION? YES/NO

CURRENT MEDICATION: _____ DATE STARTED: _____

PAST MEDICATIONS: _____ DATE STARTED: _____
DISCONTINUED: _____

PAST MEDICATIONS: _____ DATE STARTED: _____
DISCONTINUED: _____

DID PATIENT HAVE ANY TESTS DONE? _____

DOES THE CHILD HAVE ANY RELIGIOUS/CULTURAL RESTRICTIONS THAT THE DOCTOR SHOULD KNOW ABOUT?

DATE: _____

PATIENT NAME: _____ D.O.B. _____

DOES THIS CHILD: SMOKE YES / NO
 DRINK YES / NO
 TAKE DRUGS YES / NO

NAME OF CURRENT SCHOOL: _____

CURRENT GRADE: _____

LANGUAGE(S) SPOKEN AT HOME: _____

HAS PATIENT BEEN HELD BACK/REGRESSED IN ANY GRADE? YES/NO
 EXPLAIN: _____

FAMILY HISTORY:

MOTHER'S NAME _____ AGE _____

AGE OF MOTHER WHEN PREGNANT WITH THIS CHILD: _____

MONTHS OF PREGNANCY: _____

CHILD'S BIRTH WEIGHT: _____ LBS _____ OZ HEIGHT: _____

LIST ANY MEDICATIONS TAKEN DURING PREGNANCY _____

LEARNING/SPEECH DIFFICULTIES: YES/NO _____

MEDICAL PROBLEMS: YES/NO _____

STUTTERING: YES/NO

FATHER'S NAME _____ AGE _____

LEARNING/ SPEECH DIFFICULTIES: YES/NO _____

MEDICAL PROBLEMS: YES/NO _____

STUTTERING: YES/NO

SIBLINGS:

<u>NAME</u>	<u>AGE</u>	<u>MEDICAL HISTORY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____