

## Infant and Child Information

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_ Gender: M F (circle one)  
Name and relationship to child of person completing forms: \_\_\_\_\_  
\_\_\_\_\_

Describe the issue or concern you would like help with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you first become concerned or aware of the issue?

\_\_\_\_\_  
\_\_\_\_\_

Are there any health conditions or physical symptoms? If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_

### **Family Demographics**

Parent or Guardian: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ May I leave messages at this number? \_\_\_\_\_  
Work Phone: \_\_\_\_\_ May I leave messages at this number? \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ May I leave messages at this number? \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Address (If different): \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ May I leave messages at this number? \_\_\_\_\_  
Work Phone: \_\_\_\_\_ May I leave messages at this number? \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ May I leave messages at this number? \_\_\_\_\_

Child resides with:       Biological Parents     Adoptive Parents  
    Foster Parents         Other

If other, please explain: \_\_\_\_\_

If child does not live with both parents, please explain reason: \_\_\_\_\_

## Infant and Child Information

If parents are divorced or separated, when did the separation occur: \_\_\_\_\_

Child resides primarily with \_\_\_\_\_

Visitation with \_\_\_\_\_

Parenting Time Schedule (if applicable): \_\_\_\_\_

\_\_\_\_\_

If no visitation with one parent, please explain: \_\_\_\_\_

\_\_\_\_\_

Who has legal custody of the child?: \_\_\_\_\_

Temporary or Permanent (circle one)

List name, age and relationship to child of those living in your home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cultural Heritage: \_\_\_\_\_

Religious/Spiritual Practice: \_\_\_\_\_

Other issues of diversity to be considered: \_\_\_\_\_

\_\_\_\_\_

Please describe significant events in your family life that may have had an impact on your child (i.e. major moves, changes in school, divorce, loss of a loved one, abuse and/or assault of any kind, legal troubles):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the longest you and your child have been separated from one another?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any history of any emotional or developmental disorders in your family (i.e. ADHD, depression, speech delays)? If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any history of substance abuse or use in your family? If yes, please explain:

\_\_\_\_\_

## Infant and Child Information

Has your family or your child been troubled by domestic violence? If yes, please explain:

Has your child or family been involved in counseling in the past? If so, with whom and did you feel it was helpful? Why or why not?

### ***Child Care and School History***

Current School/Childcare: \_\_\_\_\_

Childcare Schedule: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please describe your child's school experiences and history. Include information regarding grades, any learning complications, favorite and least favorite subjects or activities, any behavioral difficulties, and/or feedback about your child from his/her childcare or school that may be helpful:

### ***Developmental and Health History***

Please describe your child's mother's pregnancy and delivery (including medical problems and interventions):

List any major family changes or events that occurred during pregnancy:

Please describe your child's early development. Please include any complications like fussiness, nursing/feeding problems, developmental delays, colic, chronic illnesses, etc.

## Infant and Child Information

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Developmental Milestone Age Achieved (indicate age next to milestone)

First Smile	Walking
First Rolled Over	Running
Sat Unassisted	First Words
Began Pointing to Desired Objects	Full Sentences
Weaned From Breast or Bottle	Entered School
Began Crawling	(includes preschool or daycare)
Feeds Self	Potty Trained

Please describe any history of illnesses, injuries, or accidents:

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Pediatrician's name and number: \_\_\_\_\_

Other practitioners your child sees: \_\_\_\_\_

Medication(s) and Supplements: \_\_\_\_\_

### **Current Routines and Relationships**

How would you describe your child's overall personality or temperament?

You may circle a number that best describes where your child is

Activity level:           **High activity (5)    (4)    (3)    (2)    (1) Low Activity**

Regularity (is your child regular with regards to eating, sleeping, bowel movements):

**Regular (5)    (4)    (3)    (2)    (1) Irregular**

Adaptability (adjusts to changes in routine or schedule):

**Adapts Quickly (5)    (4)    (3)    (2)    (1) Adapts Slowly**

Approach/withdrawal (how your child usually reacts the first time to new people, foods, toys or activities?)    **Initially Approaches (5)    (4)    (3)    (2)    (1) Initially Withdraws**

Physical Sensitivity (how aware is your child of slight noises, differences in temperature, taste, and clothing):    **High Intensity (5)    (4)    (3)    (2)    (1) Low Intensity**

Intensity of Reaction:    **High Intensity (5)    (4)    (3)    (2)    (1) Low Intensity**

Distractibility:    **Very (5)    (4)    (3)    (2)    (1) Not Very**

Mood:    **Positive mood (5)    (4)    (3)    (2)    (1) Negative mood**

Please describe how you feel your child relates to you and others:

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## Infant and Child Information

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Is there anyone else who cares for your child regularly? If so, please explain: \_\_\_\_\_

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Please describe your child's favorite activities and interests:

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How many hours of sleep does your child get on average each day (24 hours) ? \_\_\_\_\_

Please describe your child's usual eating routine and food preferences:

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What are your child's strengths?

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Any other information not covered above that you think may be useful in working with you and your child: