

CHILD/ADOLESCENT INFORMATION

WELCOME

Date _____ Referred by _____

Patient's Name _____ Age _____

D.O.B. _____ Birthplace _____ Sex M _____ F _____

Natural _____ Adopted _____ StepChild _____ Foster _____ Other _____

Parents: Married _____ Separated _____ Divorced _____ Remarried _____

Person completing this form _____ Relationship _____

With whom does child live? (Name(s) & relationship) _____

Mother / Guardian's Name _____

Address _____

City, State, Zip Code _____

Telephone #s: Home _____ Work _____ Cell _____

Employer _____ Occupation _____

Father/ Guardian's Name _____

Address _____

City, State, Zip Code _____

Telephone #s: Home _____ Work _____ Cell _____

Employer _____ Occupation _____

Emergency Contact Someone not living with you): _____

Telephone Number _____

IMPORTANT: List any known medication allergies _____

INSURANCE INFORMATION:

Person responsible for Health Insurance Coverage for the Child

Cardholders's

Name _____ D.O.B. _____

Relationship to

Child _____

Address _____

(If different from 1st page)

City, State, Zip Code _____

Telephone #'s _____

(If not listed on 1st Page)

ID # (On Card) _____ Policy # _____

Insurance Company Telephone #'s On Card _____

Referral # _____

Referred by _____ Reason _____

I authorize the release of "minimum necessary" information to my insurance carrier if that information is required for authorization for care and payment. I authorize the use of my signature on insurance claims.

Signature of Cardholder

Date

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DEVELOPMENTAL HISTORY & CURRENT BEHAVIOR INFORMATION

Today's Date: _____

Child's Name: _____ Date of Birth: _____

Person Completing Form: _____ Relationship: _____

Name of Legal Guardian: _____

A. Persons With Whom Child Is Living:

ADULTS:	<u>Name</u>	<u>Relation to Child</u>	<u>Marital Status</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

CHILDREN:	<u>Name</u>	<u>Age</u>	<u>School</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

B. Family's Health: If any family member (other than child) has or had illness, Please indicate with a check (✓).

	Mother	Father	Brother	Sister	Grandparent	Other
ADHD						
Alcohol						
Asthma						
Child Abuse						
Diabetes						
Drug Abuse						
Emotional Problems						
Epilepsy						
Hearing/Vision Problems						
Heart Trouble						
High Blood Pressure						
Kidney Trouble						
Learning Disabilities						

Mother Father Brother Sister Grandparent Other

Mental Retardation
RH Negative Blood
Severe Headaches
Speech Problems
Thyroid Disease
Ulcers
Other _____

C. Mother's Pregnancy

1. Was pregnancy planned and/or desired? Yes ___ No ___
2. Did mother have prenatal care? Yes ___ No ___
3. While mother was pregnant, did she have any of these problems? (Please circle.)

accidents	fever	kidney disease
asthma	financial problems	measles
bleeding/spotting	heart trouble	pneumonia
depression	high blood pressure	severe vomiting
diarrhea	infection	social problems
emotional problems	injuries	swelling ankles
other _____		

4. Did mother take any of these medications or treatments while she was pregnant? (Please circle.)

drugs, any	surgery	vitamins
iron tonic or pills	tranquilizers	X-rays
sleeping pills	narcotics (opiates, amphetamines, hallucinogens & others)	

5. Did mother drink alcohol while she was pregnant? (Please check.)

daily _____	once a week _____	twice a week _____
once a month _____	twice a month _____	other _____ (explain)

6. Did mother smoke during pregnancy? Yes ___ No ___

Less than 1 pack per day _____ 1 pack or more _____

D. Birth History

1. Did any of these things happen when this child was born? (Please circle.)

baby born after miscarriage	labor – induced by shots
baby held back	labor – less than two hours
baby not head first	labor – long or difficult
cesarean section	premature birth – how early?
forceps used	

Give details of any you circled

2. Weight at birth _____, at 6 months _____, at 12 months _____ at 18 months _____

3. Did the baby have any of these problems soon after birth? (Please circle.)

bluish skin	constipation	infection
blood transfusion	convulsions	- injury at birth
breathing trouble	diarrhea	jaundice (yellow skin)
bruises - head or face	in incubator more than one day	unusual crying

4. Did baby eat well? Yes _____ NO _____ Any special problems?

E. Child's Growth and Development

1. Give the age at which the child:

	age		age
slept all night	_____	walked	_____
rolled over	_____	spoke words	_____
sat alone	_____	tied shoe laces	_____
crawled	_____	buttoned coat	_____
cut first tooth	_____	printed words	_____
weaned from bottle or breasts	_____	read sentences	_____
was toilet-trained	_____		

2. Who took care of child during the first year? _____
Between first year and kindergarten? _____

F. Child's Medical History

1. Has the child had, or does he now have, any of these problems?

	Age		age
accidents or trauma	_____	infections	_____
allergies	_____	(meningitis, encephalitis)	_____
asthma	_____	major fractures	_____
blood transfusions	_____	menstrual problems	_____
convulsions	_____	mumps	_____
diabetes	_____	pneumonia	_____
frequent stomach aches	_____	prolonged high fever	_____
head injuries	_____	prolonged colic	_____
hearing loss	_____	seizures	_____
heart trouble	_____	strokes	_____
chicken pox	_____	vision loss	_____
measles	_____	headaches	_____

3. Has child ever been hospitalized? Yes ____ No ____ If so, give brief details:

G. Child's Psychiatric History

H. Child's Medication History

Name and Dosage of Medication	When and How long was it taken	Prescribing Physician

I. Child's Behavior

1. What are your child's strong points, assets, abilities?

2. Please indicate which of the following descriptions fit your child by circling: "1" if description occurs rarely, "2" if it occurs sometimes, and "3" if it occurs frequently. If an item does not apply, do not circle a number.

- | | | | |
|---|---|---|---|
| 1 | 2 | 3 | Trouble with eating |
| 1 | 2 | 3 | Trouble with sleeping |
| 1 | 2 | 3 | Bedwetting |
| 1 | 2 | 3 | Complains of illness of uncertain physical origin |
| 1 | 2 | 3 | Trouble with bowel control (after 4 years old) |
| 1 | 2 | 3 | Stuttering or stammering |
| 1 | 2 | 3 | Sucks thumb |
| 1 | 2 | 3 | Overly interested in sex |
| 1 | 2 | 3 | Handles or plays with sex organs |
| 1 | 2 | 3 | Would rather be alone than with others |
| 1 | 2 | 3 | Keeps things to himself/herself; doesn't let others know how he/she feels |
| 1 | 2 | 3 | Can't pay attention for very long at a time |
| 1 | 2 | 3 | Not interested in things around him/her; acts bored |
| 1 | 2 | 3 | Daydreams a lot |
| 1 | 2 | 3 | Acts in strange or "odd" ways |
| 1 | 2 | 3 | Seems lost "in a world of his/her own" |
| 1 | 2 | 3 | Afraid of certain things such as dogs or the dark |
| 1 | 2 | 3 | Feels afraid all over but can't say why |
| 1 | 2 | 3 | Worries a lot |
| 1 | 2 | 3 | Unhappy, sad, depressed |
| 1 | 2 | 3 | Talks about hurting, killing self; tries to hurt, kill self |
| 1 | 2 | 3 | Always seems tired; no "get up and go" |
| 1 | 2 | 3 | Easily led by others; won't stick up for himself/herself |
| 1 | 2 | 3 | Tries too hard to please others |
| 1 | 2 | 3 | Doesn't think he/she can do things as well as he actually can |
| 1 | 2 | 3 | Feels he/she is not as good as others |
| 1 | 2 | 3 | Doesn't trust people or things |
| 1 | 2 | 3 | Doesn't know how to have fun; behaves like a little adult |

- 1 2 3 Needs to have "set" ways of doing things
 - 1 2 3 Cries or gets upset over little things
 - 1 2 3 Doesn't want to do what is asked of him/her, may refuse
 - 1 2 3 Gets mixed up easily; confused
 - 1 2 3 Can't relax; seems tense
 - 1 2 3 Can't keep his/her mind on what he/she is doing; easily distracted
 - 1 2 3 Always "on the go", can't sit still or lie still
 - 1 2 3 Nervous, jittery, jumpy
 - 1 2 3 Acts before he/she thinks, impulsive
 - 1 2 3 Gets angry easily, has a bad temper
 - 1 2 3 "Show-off" behavior, wants to be the center of attention
 - 1 2 3 Disobeys parents or other adults
 - 1 2 3 Sasses back
 - 1 2 3 Uses bad language
 - 1 2 3 Uses drugs
 - 1 2 3 Uses alcohol
 - 1 2 3 Does the opposite of what is asked of him/her
 - 1 2 3 Won't cooperate in a group; won't do his/her part
 - 1 2 3 Can't be relied upon to do things
 - 1 2 3 Lazy, avoids work whenever he/she can
 - 1 2 3 Rough, loud, rowdy
 - 1 2 3 Jealous when other children get attention
 - 1 2 3 Teases
 - 1 2 3 Always tries to outdo other person
 - 1 2 3 Always finding fault with everything
 - 1 2 3 Asks too many questions,; overly curious
 - 1 2 3 Talks too much
 - 1 2 3 A nuisance; annoys and bothers others
 - 1 2 3 Refuses or resists going to school
 - 1 2 3 Runs away from home or threatens to do so
 - 1 2 3 Tells fibs or lies
 - 1 2 3 Stealing
 - 1 2 3 Destroys his/her or other people's property
 - 1 2 3 Fighting
 - 1 2 3 Temper tantrums
 - 1 2 3 Asks for help with things he/ she can do himself/herself
 - 1 2 3 Puts off doing things; takes too long to do them
 - 1 2 3 Can't do things for himself/herself that most children his/her age do
 - 1 2 3 Clumsy, awkward, poor muscular coordination
 - 1 2 3 Shy, bashful
 - 1 2 3 Self-conscious, easily embarrassed; blushes easily
 - 1 2 3 Gets his feelings hurt easily
 - 1 2 3 Has few or no friends; can't get along
 - 1 2 3 Cruel to animals
 - 1 2 3 Headbanging
 - 1 2 3 Nailbiting
 - 1 2 3 Plays with fire
 - 1 2 3 Staring
 - 1 2 3 Pulling hair
 - 1 2 3 Plays with water
 - 1 2 3 Rocking
 - 1 2 3 Has nightmares
 - 1 2 3 Has falling spells
 - 1 2 3 "Hangs out" with bad companion
-

J. Child Management

1. How is your child disciplined? (Please circle.)

explaining to him/her
giving him/her extra attention
grounding
ignoring him/her

lecture
restricting
shaming him/her
other _____

spanking
staying in his/her room
sitting alone

2. Who takes the responsibility for discipline of child? (Please circle.)

mother
father
both parents

grandparents
brother/sister
other(who) _____

babysitter
other relatives

3. Do parents (or any significant other adults) agree on discipline?

(Please check.) Yes _____ No _____ If no, explain. _____

4. Child's reaction to discipline (Please circle.)

pout
cry

tantrum
ignore

walk off
talk back

hit
accept

yell
other _____

5. When does the child usually misbehave? _____

K. Child and Caretakers

1. Are many people involved in care of child
2. Is child left with others for long period of time?
3. Do relatives strongly influence child rearing?
4. Is the child placed in a day nursery?
5. Is the child left alone?
6. Does child have difficulty parting from mother and father
7. Do temporary babysitters have trouble with child?
8. Is he/she frightened of new people or new situations?

Yes

No

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

L. Play

With whom does the child prefer to play? (Please circle.)

adults (who) _____

brother
friends his/her age
with large group
boys

girls
sister
older friends

alone
younger friends
other _____

Play continued

2. What kind of play does the child like? _____

3. Describe your child's play. (Please circle.)

- _____ Jumps from one activity to another..
- _____ Sticks to one activity until completed.
- _____ Engages in one play activity most of the time.
- _____ Often watches but does not engage in play activity.

M. School History

1. Did this child attend nursery school? Yes _____ No _____

If so, when? _____

2. Has he/she ever had special help in school? Yes _____ No _____

If yes, what kind? (Please circle.)

tutoring counseling special class short day special scheduling

3. Has he /she had an identified learning disability such as speech & hearing problems, reading or writing problems? (Please check.) Yes _____ No _____ If so, when? _____

4. Has he/she ever failed or been held back a grade? Yes _____ No _____

5. What difficulty has the child had at school that the school has brought to your attention or that you have noticed?

6. Has he/she had any trouble with his/her teachers? Yes _____ No _____

7. What kind of grades does he/she make? (Please circle.)

A's and B's B's and C's C's and D's Mostly D's and F's

8. How many times has this child changed schools? _____

Why were the changes made? _____

N. Family History

1. Have any of these things occurred in your family? (Please circle.)

parents separated	moved frequently	financial problems
child separated from parents	death of family member	divorce
moved recently	new brothers/sisters	new job situation
other _____		

Please explain and give approximate dates of any you have circled: _____

2. Who spends more time with the child? (Please check.)

mother _____ father _____ other _____

3. Are parent's out of the home a great deal? _____

4. Parent or parents' job unstable? Yes _____ No _____

5. Is there any other family situation you feel may have affected your child? _____