

Initial History Questionnaire

Name _____

ID NUMBER _____

BIRTH DATE _____

AGE _____

M

F

FORM COMPLETED BY _____

DATE COMPLETED _____

Household

Please list all those living in the child's home.

| Name | Relationship to child | Birth date | Health problems |
|------|-----------------------|------------|-----------------|
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Are there siblings not listed? If so, please list their name and ages and where they live. _____

If mother and father are not living together or if child does not live with parents, what is the child's custody status? _____

If one or both parents are not living in the home, how often does he/she see the parent/parents not in the home? _____

Birth History

Birth weight _____

Was the baby born at term? _____ Early? _____ Late? _____

If early, how many weeks' gestation? _____

Did mother have any illness or problem with her pregnancy?

Yes No Explain _____

During pregnancy, did mother

Smoke Yes No Drink alcohol Yes No

Use drugs or medications Yes No

What _____ When _____

Was the delivery Vaginal? Cesarean?

If cesarean, why? _____

Did your baby have any problems right after birth?

Yes No Explain _____

What initial feeding Breast? Bottle?

Did your baby go home with mother from the hospital?

Yes No Explain _____

General

Do you consider your child to be in good health?

Yes No Explain _____

Does your child have any serious illness or medical condition?

Yes No Explain _____

Has your child had serious injuries or accidents?

Yes No Explain _____

Has your child had any surgery?

Yes No Explain _____

Has your child ever been hospitalized?

Yes No Explain _____

Is your child allergic to any medicines or drugs?

Yes No Explain _____

Development

Are you concerned about your child's physical development?

Yes No Explain _____

Are you concerned about your child's mental or emotional development?

Yes No Explain _____

Are you concerned about your child's attention span?

Yes No Explain _____

If your child is in school:

How is his/her behavior in school? _____

Has he/she failed or repeated a grade in school? _____

How is he/she doing in academic subjects? _____

Is he/she in special or resource classes? _____



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