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Today's Date \_\_\_\_\_

**DEVELOPMENTAL AND SOCIAL HISTORY**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

**MAJOR CONCERNS**

Please describe your concerns about your child. When did the problem begin?

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

How have you tried to deal with it? What have you found effective?

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

Has your child been treated for this problem before? By whom? Results?

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

Has your child seen a therapist for any other reasons? \_\_\_\_\_

Has your child ever had any psychological or educational testing done? Results?  
Please provide a copy of the report, if possible.

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

**FAMILY:**

Child's Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Birth date: \_\_\_\_\_

Education: \_\_\_\_\_ Education: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Phones: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Cell) \_\_\_\_\_

Medical Problems: \_\_\_\_\_ Medical Problems: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Are parents still married? \_\_ Yes \_\_ No Date of divorce \_\_\_\_\_

Other children in family:

Age                      Any social or  
academic difficulties?

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Others living in home:

Relationship

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If your child is adopted, indicate age at adoption, country of birth and any known history. Does your child know/he is adopted?

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### FAMILY HISTORY

Describe any psychiatric problems, drug or alcohol abuse in immediate or extended family \_\_\_\_\_

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Does anyone in family have a problem similar to your child's? If so, please describe.

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### HISTORY: PREGNANCY AND DELIVERY

Problems during pregnancy? \_\_\_\_\_

Problems during delivery? \_\_\_\_\_

### INFANCY

Illnesses as newborn? \_\_\_\_\_

Feeding problems \_\_\_\_\_ Vomiting \_\_\_\_\_ Crying \_\_\_\_\_ Colic \_\_\_\_\_

Other complications during first year \_\_\_\_\_

### DEVELOPMENTAL MILESTONES

Age at which child walked \_\_\_\_\_ spoke in simple sentences \_\_\_\_\_

toilet trained (bladder) \_\_\_\_\_ (bowel) \_\_\_\_\_ Does the child have toileting

accidents?

Day \_\_\_\_\_ Night \_\_\_\_\_ How often? \_\_\_\_\_

### MEDICAL HISTORY

Illnesses other than normal childhood diseases \_\_\_\_\_

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allergies \_\_\_\_\_ chronic ear infections \_\_\_\_\_ frequent colds \_\_\_\_\_ strep infections \_\_\_\_\_

head injuries \_\_\_\_\_ seizures \_\_\_\_\_ eye problems \_\_\_\_\_

Operations/hospitalizations \_\_\_\_\_

Emergency Room Visits \_\_\_\_\_

CURRENT MEDICAL

PROBLEMS \_\_\_\_\_

CURRENT MEDICATIONS (reason, name of medication, dose):

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HABITS: (Describe briefly)

temper tantrums _____	more active than _____
peers _____	
low frustration tolerance _____	interrupts frequently _____
fear of separation _____	frequent accidents _____
fears _____	poor handwriting _____
clumsiness _____	poor memory _____
poor self-esteem _____	short attention span _____
sleep problems _____	stealing, lying _____
destructiveness _____	fighting _____
frequent mood changes _____	irritability _____
facial or other tics _____	alcohol or substance abuse _____
perfectionistic _____	engages in rituals _____

SCHOOL HISTORY:

Schools attended: \_\_\_\_\_ Years/Grades: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rate your child's experiences related to:

<u>Academic performance</u>	<u>Behavior</u>
Nursery school: _____	_____
Elementary: _____	_____
Middle: _____	_____
High: _____	_____
Current grade: _____	_____

At what grade level is your child functioning? Reading \_\_\_\_\_ Spelling \_\_\_\_\_ Math \_\_\_\_\_

Has your child ever repeated or skipped a grade? \_\_\_\_\_ When? \_\_\_\_\_

Is your child currently in regular classes? Receiving resource help? If so, please specify what help. \_\_\_\_\_

Does your child's teacher report:

- \_\_\_ Doesn't sit still
- \_\_\_ Frequently gets up and walks around
- \_\_\_ Shouts out; doesn't wait to be called on
- \_\_\_ Does not cooperate in group activities
- \_\_\_ Does better in an one-to-one relationship

Describe any other classroom behavior problems: \_\_\_\_\_

CHILD CARE: Who cares for the child when the parents are gone? \_\_\_\_\_

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

**FAMILY:**

How does your child get along with each parent? Is the child closer to one parents? \_\_\_\_\_

Has the child experienced any parental separations, divorces or deaths? \_\_\_If so, please describe when and circumstances \_\_\_\_\_

If parents are separated or divorced, what is custody arrangement? Describe parenting schedule: \_\_\_\_\_

**PLEASE PROVIDE A COPY OF LEGAL DOCUMENTS PERTAINING TO CUSTODY**

**FRIENDS:**

Does your child seek friendships? \_\_\_\_\_

Is your child sought out by peers? \_\_\_\_\_

Does you child play primarily with children his/her age, younger or older? \_\_\_\_\_

How does your child interact with others (e.g., bossy, cooperative, a leader, passive, etc.)\_ \_\_\_\_\_

**LEGAL HISTORY:**

Has your child been involved with the legal system for any reason? \_\_\_\_\_

**INTERESTS:**

What are your child's main interests or hobbies? \_\_\_\_\_

What are your child's strengths or areas of accomplishment? \_\_\_\_\_

**ADDITIONAL REMARKS:**