

**INTAKE QUESTIONNAIRE:**

Appointment Date\_\_\_\_\_ Patient Name:\_\_\_\_\_

Patient's age (in years and months) \_\_\_\_\_ Patient's School and Grade:\_\_\_\_\_

Person Completing This Form (Name and Relationship to the Child): \_\_\_\_\_

Full name, address and phone number of Pediatrician:\_\_\_\_\_

Please briefly state the reason for this visit and your expectations from it. What problems have you noticed? What has your pediatrician thought or done? What have teachers or school personnel said?

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

**SYSTEM REVIEW:**

Please indicate if your child has symptoms or known illnesses affecting any of the following organ systems:  
Cardiac/circulatory (i.e. murmur, abnormal heart rhythm):

\_\_\_\_\_  
Renal/urinary:

\_\_\_\_\_  
Hematologic (i.e. anemia, high lead levels in blood):

\_\_\_\_\_  
Visual (i.e. wears eyeglasses):

\_\_\_\_\_  
Pulmonary (i.e. asthma):

\_\_\_\_\_  
Dermatologic:

\_\_\_\_\_  
Musculoskeletal:

\_\_\_\_\_  
Ear/Nose/Throat (i.e. hearing impairment, problems swallowing):

\_\_\_\_\_  
Gastrointestinal:

\_\_\_\_\_  
Endocrine: (ex. Hypothyroidism, diabetes)

\_\_\_\_\_  
Immunologic: \_\_\_\_\_

**NEUROLOGIC HISTORY**

Please indicate if your child has any of the following and give dates of occurrence:

Seizures or convulsions \_\_\_\_\_

Nervous tics \_\_\_\_\_

Head injury with loss of consciousness: \_\_\_\_\_

Meningitis or other brain/spine infections: \_\_\_\_\_

**HOSPITALIZATIONS:** \_\_\_\_\_

**SURGERIES:** \_\_\_\_\_

**CURRENT MEDICATIONS** (Give doses. Include any non-prescription medications or supplements) \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

**DIET** (Choose one): Regular \_\_\_\_\_ Medically restricted (e.g., lactose intolerance) \_\_\_\_\_

**BIRTH HISTORY:**

Was the child adopted by you? \_\_\_\_\_ If so, at what age? \_\_\_\_\_

Child's Birthplace \_\_\_\_\_ Birth Weight \_\_\_\_\_

Mother's Age at Child's Birth \_\_\_\_\_ Duration of Pregnancy \_\_\_\_\_ weeks

Medication(s) taken during pregnancy \_\_\_\_\_

Substances used during pregnancy (i.e. alcohol, tobacco) \_\_\_\_\_

History of Miscarriage or Premature Births \_\_\_\_\_

Labor Type (please circle one) *spontaneous* *induced*

Delivery Mode (please circle one) *vaginal* *cesarean section*

Length of Labor \_\_\_\_\_ What age did the baby come home? \_\_\_\_\_

Baby's Response (please circle one) *spontaneously breathing* *needed resuscitation*

Newborn Care (please circle one) *regular nursery* *special care nursery*

Were there any complications during the pregnancy (i.e. gestational diabetes, high blood pressure or infections)? \_\_\_\_\_

Were there any complications with the birth? (i.e. seizures, birth injury, etc.) \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

Please supply approximate age at which each of these developmental milestones occurred.

If you cannot remember, indicate "normal" or "late."

Gross Motor Development

Lift head *Age* \_\_\_\_\_

Roll over *Age* \_\_\_\_\_

Sit without support *Age* \_\_\_\_\_

Pull to stand *Age* \_\_\_\_\_

Crawl *Age* \_\_\_\_\_

Walk well *Age* \_\_\_\_\_

Language Development

Babble *Age* \_\_\_\_\_

Say "Mama/Dada" specifically *Age* \_\_\_\_\_

Speak single words *Age* \_\_\_\_\_

Combine two words *Age* \_\_\_\_\_

Follow commands with gestures *Age* \_\_\_\_\_

Social Development

Smile back *Age* \_\_\_\_\_

Play Peek-a-Boo *Age* \_\_\_\_\_

Point to a desired object *Age* \_\_\_\_\_

Initially shy with strangers *Age* \_\_\_\_\_

Imitates housework *Age* \_\_\_\_\_

Dress themself *Age* \_\_\_\_\_

Fine Motor Development

Reach for objects *Age* \_\_\_\_\_

Pass objects hand to hand *Age* \_\_\_\_\_

Pincer (finger-thumb) grasp *Age* \_\_\_\_\_

Scribble *Age* \_\_\_\_\_

Form letters *Age* \_\_\_\_\_

**FAMILY HISTORY**

If any family members have the following diagnoses, please indicate and give relationship to child:

Hyperactivity or attention deficit \_\_\_\_\_

Nervous tics \_\_\_\_\_

School or learning problems \_\_\_\_\_

Depression/Psychiatric illness \_\_\_\_\_

Speech or language problems \_\_\_\_\_

Sleep Disorder \_\_\_\_\_

Mental Retardation \_\_\_\_\_

Autism Spectrum Disorder \_\_\_\_\_

Genetic syndromes \_\_\_\_\_

Heart Disease \_\_\_\_\_

Seizures/Epilepsy \_\_\_\_\_

Sudden Death \_\_\_\_\_

**SOCIAL HISTORY**

Parent/Guardian #1: Name \_\_\_\_\_ Age: \_\_\_\_\_

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

Parent/Guardian #2: Name \_\_\_\_\_ Age: \_\_\_\_\_

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

Names and Ages of brothers if any \_\_\_\_\_  
Names and Ages of sisters if any \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

**ATTENTION ASSESSMENT (Check all that apply to your child.)**

- (a) often fails to give attention to details or makes careless mistakes in schoolwork, work, or other activities
  - (b) often has difficulty sustaining attention in tasks or play activities
  - (c) often does not seem to listen when spoken to directly
  - (d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand directions)
  - (e) often has difficulty organizing tasks and activities
  - (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
  - (g) often loses things necessary for tasks and activities (i.e.: toys, school assignments, pencils, books, or tools)
  - (h) is often easily distracted by extraneous stimuli
  - (i) is often forgetful in daily activities
  
  - (j) often fidgets with hands or feet, or squirms in seat
  - (k) often leaves seat in classroom or in other situations where remaining seated is expected
  - (l) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
  - (m) often has difficulty playing or engaging in leisure activities quietly
  - (n) is often "on the go" or often acts as if "driven by a motor"
  - (o) often talks excessively
  - (p) often blurts out answers before questions have been completed
  - (q) often has difficulty waiting turn
  - (r) often interrupts or intrudes on others (i.e.: butts into conversations or games)
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Please use the space below to provide any additional information: