

INTAKE QUESTIONNAIRE:

Appointment Date: _____ Patient Name: _____

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

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: _____

Renal/urinary: _____

Hematologic: _____

Visual: _____

Pulmonary: _____

Dermatologic: _____

Musculoskeletal: _____

Ear/Nose/Throat: _____

Gastrointestinal: _____

Endocrinologic: _____

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) _____

ALLERGIES: _____

DIET (Choose one): Regular _____ Medically restricted (e.g., lactose intolerance) _____

BIRTH HISTORY:

Was the baby 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 _____
 History of Miscarriage or Premature Births _____
 Labor Type (please circle one) *spontaneous* *induced*
 Length of Labor _____ What age did the baby come home? _____
 Delivery Mode (please circle one) *vaginal* *cesarean section*
 Baby's Response (please circle one) *spontaneously breathing* *needed resuscitation*
 Newborn Care (please circle one) *regular nursery* *special care nursery*
 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

Lifts Head Age _____
 Rolls Over Age _____
 Sits without support Age _____
 Pulls to stand Age _____
 Crawls Age _____
 Walks well Age _____

Language Development

Babbles Age _____
 Says MaMa/DaDa specifically Age _____
 Speaks single words Age _____
 Combines two words Age _____
 Recognizes colors Age _____
 Gives alphabet Age _____
 Counts to ten Age _____

Fine Motor Development

Reaches for objects Age _____
 Passes objects hand to hand Age _____
 Pincer (finger-thumb) Grasp Age _____
 Scribbles Age _____
 Forms letters Age _____

Social Development

Responsive Smile Age _____
 Plays Peek-a-Boo Age _____
 Initially shy with Strangers Age _____
 Imitates Housework Age _____
 Dresses Self 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 _____
 Migraine Headaches _____
 Seizures/Epilepsy _____

SOCIAL HISTORY

Father's age and occupation: _____
 Mother's age and occupation: _____
 Ages of brothers if any _____
 Ages of sisters if any: _____
 Child's school and grade: _____
 Child's favorite extracurricular activities: _____

BEHAVIOR QUESTIONNAIRE

Please endorse all descriptors that apply to your child:

- 1. Does not use nonverbal behaviors well (eye-to-eye gaze, facial expression, body postures, and gestures) to regulate social interaction.
- 2. Has not developed peer relationships as well as other children his/her age or developmental level.
- 3. Does not spontaneously share enjoyment, interests or achievements with other people (e.g. by showing, bringing, or pointing out objects of interest.)
- 4. Does not socialize or interact on the emotional level with others.

Comments, examples or counter examples: _____

- 5. Has a delay in, or total lack of the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
- 6. If adequate speech is present, has marked impairment in the ability to initiate or sustain a conversation with others.
- 7. Has stereotyped and repetitive use of language or idiosyncratic language.
- 8. Has lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level.

Comments, examples or counter examples: _____

- 9. Has an encompassing pre-occupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus.
- 10. Has an apparently inflexible adherence to specific, nonfunctional routines or rituals.
- 11. Has stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole body movements).
- 12. Has persistent pre-occupation with parts of objects.

Comments, examples or counterexamples: _____

- 13. Has a delay or abnormal functioning in social interaction with onset prior to 3 years of age.
- 14. Has a delay in use of language for social communication with onset prior to 3 years of age.
- 15. Has a delay or abnormal functioning in symbolic or imaginative play with onset prior to 3 years of age.

- 16. At what age do you estimate your child's motor development? _____
- 17. At what age do you estimate your child's language development? _____
- 18. At what age do you estimate your child's problem solving skills? _____

- ___(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 awaiting turn
- ___(r) often interrupts or intrudes on others (i.e.: butts into conversations or games)

• Beside each item below, indicate the degree of the problem by a check mark.

	not at all	just a little	pretty much	very much
•excitable, impulsive	_____	_____	_____	_____
•cries easily or often	_____	_____	_____	_____
•restless in the “squirmy sense”	_____	_____	_____	_____
•restless, always up and on the go	_____	_____	_____	_____
•destructive	_____	_____	_____	_____
•fails to finish things	_____	_____	_____	_____
•distractibility or attention span problem	_____	_____	_____	_____
•mood changes drastically or quickly	_____	_____	_____	_____
•easily frustrated in efforts	_____	_____	_____	_____
•disturbs other children	_____	_____	_____	_____