

HRC Behavioral Health & Psychiatry, PA Child and Adolescent Data Form

Please answer the following questions as completely as possible.

Child's Name _____ M ____ F ____ Birth Date _____

Today's Date _____ Form Completed By _____

Your Relationship to the Child _____

Child's School/Day Care _____ Grade _____ Age _____

Child's Primary Healthcare Provider _____ Phone _____

When did your child last see their primary healthcare provider? _____ Reason? _____

Does or has your child had any chronic or serious illness? If so, please describe: _____

List any medications your child is taking, or has taken, on an ongoing basis:

<u>Name</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Start Date</u>	<u>MD</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has your child ever been hospitalized? If yes, briefly explain: _____

Family Information:

Mother's Name _____ Date of Birth _____

Mother's Occupation _____ # of Hrs/wk _____ Education _____

Living in Home? If no, please explain _____

Father's Name _____ Date of Birth _____

Father's Occupation _____ # of Hrs/wk _____ Education _____

Living in Home? If no, please explain _____

With whom does the child live? Birth Parents _____ Step Parents _____ Foster Parents _____

Other (Specify): _____

Living Schedule, if applicable: _____

Parent Questionnaire

List all other persons living in the home:

<u>Name</u>	<u>DOB</u>	<u>Relationship to Child</u>	<u>Sex</u>	<u>Grade/Job</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all other people who care for your child a significant amount of time (neighbor, babysitter, grandparent, etc.)

<u>Name</u>	<u>Relationship To Child</u>
_____	_____
_____	_____
_____	_____

CHILD'S DEVELOPMENTAL HISTORY:

Pregnancy and birth, any concerns? No _____ Yes _____ If yes, briefly explain _____

Child's Birth Weight: _____ Gestational Age: _____

Was The Child Adopted? _____ If Yes, At What Age? _____

What History/ Information Is Known About The Birth Parents? _____

Developmental Milestones (early, average, or late?)

Sitting _____ Walking _____ Talking _____ Toilet Trained _____

Early Medical/Developmental Concern? No _____ Yes _____ If Yes, Briefly Explain _____

Parent Questionnaire

Please list any jobs or chores your child has in the family or at school. (feeding the dog, taking out trash, safety patrol). If none _____

how well does you child do these jobs or chores?

Poor 1 2 Average 3 4 Great 5

- 1. _____
2. _____
3. _____

Comments _____

Compared to other children his/her age, how does your child get along with other children?

POOR 1 2 AVERAGE 3 4 GREAT 5

What are your child's favorite recreational or extracurricular activities? _____

Who generally disciplines the child? _____

What methods are used? _____

Do parents agree about method of discipline? Yes ____ No ____ If No, Please Explain: _____

SCHOOL HISTORY:

Has child been enrolled in preschool or daycare? _____ What age? _____

Has child attended kindergarten? _____ What age? _____

Has child begun elementary school? _____ At what age did he/she enter first grade? _____

What is the present school grade? _____

Has child ever repeated a grade? if yes, please indicate the grade & reason

Parent Questionnaire

If your child has been to school (including preschool, kindergarten, elementary, etc.), complete the following for all classes and end with the current placement. Please comment if your child repeated a grade or is in a special class (gifted, learning disabled, curriculum assistance, behaviorally/emotionally handicapped, etc.)

<u>Grade(S)</u>	<u>School</u>	<u>Comments</u>

504 Plan/IEP currently or in the past Yes _____ No _____

Current school performance (for children aged 6 and older):

	Failing	Below Average	Average	Above Average
READING	_____	_____	_____	_____
WRITING	_____	_____	_____	_____
MATH	_____	_____	_____	_____
SPELLING	_____	_____	_____	_____

Other academic subjects (history, science, art, music, languages, etc.)

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

Behavior concerns in school? _____

PARENT CONCERNS:

What is your primary concern about your child ? _____

When did these concerns begin? _____

Parent Questionnaire

What do you think may have contributed to your child's issues? _____

What have you been told by doctors, teachers and/or others about your child?

Has this child been seen by any other mental health professionals?

Has this child had any educational evaluations, occupational or physical therapy, or speech or language evaluations?

Has any other member of the child's immediate family had mental health treatment?

Please describe any marital or family stresses which may contribute to your concerns about your child.

What has been done so far to address your concerns about your child?

Has your child experienced any changes or losses in his/her life that may be related to the concerns you have?
