

**Psychological Services of Pendleton, LLC**

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**CHILDHOOD HISTORY FORM**

Name of child \_\_\_\_\_ SSN: \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Referred by \_\_\_\_\_

School \_\_\_\_\_

Grade in school \_\_\_\_\_ Special placement (if any): \_\_\_\_\_

School address \_\_\_\_\_

School phone \_\_\_\_\_ Teacher \_\_\_\_\_

Describe your child's problems(s) in order of difficulty

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

How are the above problems impacting your child's life?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

How are the problems impacting the family's life?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**FAMILY INFORMATION:**

Mother and/or Stepmother's name \_\_\_\_\_ DOB \_\_\_\_\_

Mother and/or Stepmother's employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Length of employment \_\_\_\_\_

Year married (if applicable) \_\_\_\_\_ # Years together with Spouse/S.O. \_\_\_\_\_

Mother and/or Stepmother's education:

Highest grade completed \_\_\_\_\_ Date \_\_\_\_\_

Learning problems \_\_\_\_\_

Attention problems \_\_\_\_\_

Behavior problems \_\_\_\_\_

Medical problems \_\_\_\_\_

Have any of the mother's blood relatives experienced problems similar to those your child is experiencing? If so, describe:

\_\_\_\_\_

Father and/or Stepfather's name \_\_\_\_\_ DOB \_\_\_\_\_  
Father and/or Stepfather's employer \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Length of employment \_\_\_\_\_  
Year married (if applicable) \_\_\_\_\_ # Years together with Spouse/S.O. \_\_\_\_\_

Father and/or Stepfather's education:  
Highest grade completed \_\_\_\_\_ Date \_\_\_\_\_  
Learning problems \_\_\_\_\_  
Attention problems \_\_\_\_\_  
Behavior problems \_\_\_\_\_  
Medical problems \_\_\_\_\_

Have any of the father's blood relatives experienced problems similar to those your child is experiencing? If so, describe:  
\_\_\_\_\_

**FAMILY HOUSEHOLD MEMBERS:**

|            |           |           |                             |
|------------|-----------|-----------|-----------------------------|
| Name _____ | DOB _____ | Age _____ | Relationship to Child _____ |
| Name _____ | DOB _____ | Age _____ | Relationship to Child _____ |
| Name _____ | DOB _____ | Age _____ | Relationship to Child _____ |
| Name _____ | DOB _____ | Age _____ | Relationship to Child _____ |
| Name _____ | DOB _____ | Age _____ | Relationship to Child _____ |

**STEPFAMILY MEMBERS (if applicable):**

|            |           |           |                             |
|------------|-----------|-----------|-----------------------------|
| Name _____ | DOB _____ | Age _____ | Relationship to Child _____ |
| Name _____ | DOB _____ | Age _____ | Relationship to Child _____ |
| Name _____ | DOB _____ | Age _____ | Relationship to Child _____ |
| Name _____ | DOB _____ | Age _____ | Relationship to Child _____ |

Child is presently living with:

|                       |                       |                             |
|-----------------------|-----------------------|-----------------------------|
| _____ Natural mother  | _____ Natural father  | _____ Stepmother            |
| _____ Adoptive mother | _____ Adoptive father | _____ Stepfather            |
| _____ Foster mother   | _____ Foster father   | _____ Other (specify) _____ |

How many times have you moved since the child's birth? \_\_\_\_\_

If more than once, why? \_\_\_\_\_

What is your family's religion? \_\_\_\_\_

Does the family attend church regularly? \_\_\_\_\_

If the biological parents have **divorced/separated/or otherwise not together** – describe the *emotional* environment of the household the child resided in and how the child reacted emotionally and behaviorally to the situation AT THAT TIME:

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

If the biological parents have **divorced/separated/or otherwise not together** – describe your perception of the *emotional* environment of the non-custodial parent's household when the child is visiting and how the child reacts emotionally and behaviorally while at the non-custodial parent's home:

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

**PREGNANCY & DELIVERY**

Mother's age at the time of pregnancy with child \_\_\_\_\_  
Was there anything you or your doctor considered unusual during pregnancy? \_\_\_\_\_  
Smoking before/during pregnancy \_\_\_\_\_ / \_\_\_\_\_ # of cigarettes per day \_\_\_\_\_ / \_\_\_\_\_  
Alcoholic consumption before/during pregnancy \_\_\_\_\_ / \_\_\_\_\_  
Describe if beyond an occasional drink \_\_\_\_\_  
Medications taken during pregnancy \_\_\_\_\_  
Type of delivery: Normal \_\_\_\_\_ Breech \_\_\_\_\_ C-section \_\_\_\_\_  
Birth weight \_\_\_\_\_ APGAR scores (if known) \_\_\_\_\_  
Complications:  
Cord around neck \_\_\_\_\_ hemorrhage \_\_\_\_\_  
Other \_\_\_\_\_  
Jaundice \_\_\_\_\_ cyanosis (turned blue) \_\_\_\_\_  
Infection (specify) \_\_\_\_\_  
Number of days infant was in the hospital after delivery \_\_\_\_\_  
Breastfed? \_\_\_\_\_ How long? \_\_\_\_\_ Formula Allergies? \_\_\_\_\_

**DEVELOPMENTAL MILESTONES**

What is your child's hand preference? \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_  
AGE EARLY NORMAL LATE  
Crawled \_\_\_\_\_  
Walked without assistance \_\_\_\_\_  
Spoke first words \_\_\_\_\_  
Said sentences \_\_\_\_\_  
Bladder trained, day \_\_\_\_\_  
Bowel trained, day \_\_\_\_\_  
Buttoned clothing \_\_\_\_\_  
Tied shoelaces \_\_\_\_\_  
Began to read \_\_\_\_\_

Was there anything, in the first three years, which you thought might affect future growth, development or school success?  
\_\_\_\_\_

**CHILD CARE HISTORY**

Mother employed outside the home when child was younger? \_\_\_\_\_ Hours per week \_\_\_\_\_  
Work day hours \_\_\_\_\_  
How much time per day did you spend with your child when he or she was younger? \_\_\_\_\_  
Father employed outside the home? \_\_\_\_\_ Hours per week \_\_\_\_\_ Work day hours \_\_\_\_\_  
How much time per day did you (father) spend with your child when he or she was younger? \_\_\_\_\_  
Who took/takes care of your child while parents are working? \_\_\_\_\_

**DEVELOPMENTAL COORDINATION**

Rate your child on the following skills when he/she was younger *compared to other children his/her age:*  
GOOD AVERAGE POOR  
Walking \_\_\_\_\_  
Running \_\_\_\_\_  
Throwing \_\_\_\_\_  
Catching \_\_\_\_\_  
Shoelace tying \_\_\_\_\_  
Buttoning \_\_\_\_\_  
Writing \_\_\_\_\_  
Athletic abilities \_\_\_\_\_

Does your child appear to have an *excessive* number of accidents *compared to other children his/her age*?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check any of the following that concern you about your child:

- |  |  |
|--|--|
| <input type="checkbox"/> Disobedience        | <input type="checkbox"/> Lack of friends       |
| <input type="checkbox"/> Temper tantrums     | <input type="checkbox"/> Unacceptable friends  |
| <input type="checkbox"/> Moodiness           | <input type="checkbox"/> Clumsiness            |
| <input type="checkbox"/> Arguing             | <input type="checkbox"/> Disorganization       |
| <input type="checkbox"/> Nightmares          | <input type="checkbox"/> Memory problems       |
| <input type="checkbox"/> Difficulty sleeping | <input type="checkbox"/> Low self-esteem       |
| <input type="checkbox"/> Lying               | <input type="checkbox"/> Frequent crying       |
| <input type="checkbox"/> Stealing            | <input type="checkbox"/> Gives up easily       |
| <input type="checkbox"/> Drug use            | <input type="checkbox"/> Verbal fighting       |
| <input type="checkbox"/> Alcohol use         | <input type="checkbox"/> Hitting               |
| <input type="checkbox"/> Tobacco use         | <input type="checkbox"/> Whining               |
| <input type="checkbox"/> Sexual behavior     | <input type="checkbox"/> Head or stomach aches |
| <input type="checkbox"/> Overly active       |  |
| <input type="checkbox"/> Other _____         |  |

**COMPREHENSION AND UNDERSTANDING**

Do you consider your child to understand directions and situations *compared to other children his/her age?* If not, why not?

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How would you rate your child's overall level of intelligence *compared to other children his/her age?*

Below average \_\_\_\_\_ Above average \_\_\_\_\_ Average \_\_\_\_\_

**MEDICAL HISTORY**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Medications currently prescribed for your child \_\_\_\_\_

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If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information:

Childhood diseases (type, age, and any subsequent complications) \_\_\_\_\_

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Operations \_\_\_\_\_

Hospitalizations for:

Illness \_\_\_\_\_

Head injuries \_\_\_\_\_ Loss of Consciousness \_\_\_\_\_

Convulsions \_\_\_\_\_ with fever \_\_\_\_\_ without \_\_\_\_\_

Seizures \_\_\_\_\_

Coma \_\_\_\_\_

Persistent high fevers \_\_\_\_\_

Eye problems \_\_\_\_\_

Ear problems \_\_\_\_\_

Allergies or asthma \_\_\_\_\_

Poisoning \_\_\_\_\_

Sleep problems \_\_\_\_\_

Appetite \_\_\_\_\_

Has your child ever been treated for a psychological/behavioral problem? \_\_\_\_\_

By whom? \_\_\_\_\_

When? \_\_\_\_\_ What for? \_\_\_\_\_

Where: In hospital \_\_\_\_\_

Outpatient \_\_\_\_\_

Kind of treatment: \_\_\_\_\_ Individual \_\_\_\_\_ Family \_\_\_\_\_ Medication \_\_\_\_\_

With whom? \_\_\_\_\_

**FAMILY HISTORY** (Family is defined as: brothers, sisters, parents, grandparents, aunts, uncles, and cousins).

Do you have any family members with the following problems (problems can be subclinical)?

Condition Relation (ex. maternal grandmother, paternal uncle)

Learning problems \_\_\_\_\_  
Attention problems/hyperactivity \_\_\_\_\_  
Impulse control problems \_\_\_\_\_  
Alcoholism/drug addiction \_\_\_\_\_  
Epilepsy \_\_\_\_\_  
Mental retardation \_\_\_\_\_  
Trouble with the law \_\_\_\_\_  
Depression \_\_\_\_\_  
Anxious or overly perfectionistic \_\_\_\_\_  
Problems with speech or hearing \_\_\_\_\_  
Schizophrenia or Bipolar Disorder \_\_\_\_\_  
Psychiatric hospitalization \_\_\_\_\_  
Other behavioral or emotional problems \_\_\_\_\_

**SCHOOL HISTORY**

Please list all the schools your child has attended:

| SCHOOL | CITY/STATE | GRADE |
|--------|------------|-------|
| _____  | _____      | _____ |
| _____  | _____      | _____ |
| _____  | _____      | _____ |

Has your child had any difficulty in school? Please describe specifically: \_\_\_\_\_

Has any special testing been completed? \_\_\_\_\_

When? \_\_\_\_\_ Results (*attach copy of report*)? \_\_\_\_\_

Has your child been seen by a school counselor? \_\_\_\_\_

What for? \_\_\_\_\_

As a rule, does/did your child complete and hand in homework? \_\_\_\_\_

How much time does your child spend doing homework each day? \_\_\_\_\_

Rate your child's school experiences related to ***academic learning***:

|                | GOOD  | AVERAGE | POOR  |
|----------------|-------|---------|-------|
| Nursery school | _____ | _____   | _____ |
| Kindergarten   | _____ | _____   | _____ |
| Grade school   | _____ | _____   | _____ |
| Middle school  | _____ | _____   | _____ |
| Current        | _____ | _____   | _____ |

To the best of your knowledge, at what grade level is your child functioning:

Reading \_\_\_\_\_ Spelling \_\_\_\_\_ Arithmetic \_\_\_\_\_ Science \_\_\_\_\_

Has your child ever had to repeat a grade? If so, when? \_\_\_\_\_

Present class placement: Regular class \_\_\_\_\_ Special class (if so, specify) \_\_\_\_\_

Kinds of special counseling or remedial work your child is currently receiving \_\_\_\_\_

Rate your child's school experiences related to ***behavior***:

|                | GOOD  | AVERAGE | POOR  |
|----------------|-------|---------|-------|
| Nursery school | _____ | _____   | _____ |
| Kindergarten   | _____ | _____   | _____ |
| Grade school   | _____ | _____   | _____ |
| Middle school  | _____ | _____   | _____ |
| Current        | _____ | _____   | _____ |

Does/did your child's teacher complain about any of the following as significant *classroom* problems (mark X)?

- Doesn't sit still in his or her seat \_\_\_\_\_
- Frequently gets up and walks around the classroom \_\_\_\_\_
- Shouts out/Doesn't wait to be called on \_\_\_\_\_
- Won't wait his or her turn \_\_\_\_\_
- Doesn't cooperate well in group activities \_\_\_\_\_
- Typically does better in a one-to-one relationship \_\_\_\_\_
- Doesn't respect the rights of others \_\_\_\_\_
- Doesn't pay attention during storytelling or show and tell \_\_\_\_\_
- Describe briefly any other classroom behavior problems \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**BEHAVIORAL HISTORY**

Has the child ever: (please check all that apply)

- \_\_\_\_\_ Been physically abused
- \_\_\_\_\_ Been emotionally abused
- \_\_\_\_\_ Been sexually abused? By whom: \_\_\_\_\_ For how long/how many times \_\_\_\_\_
- \_\_\_\_\_ Treated for above abuse? \_\_\_\_\_
- \_\_\_\_\_ Arrested or adjudicated? For what? \_\_\_\_\_
- \_\_\_\_\_ Result \_\_\_\_\_
- \_\_\_\_\_ Stolen What? \_\_\_\_\_
- \_\_\_\_\_ From whom? \_\_\_\_\_
- \_\_\_\_\_ Run away from home
- \_\_\_\_\_ When? \_\_\_\_\_ For how long? \_\_\_\_\_
- \_\_\_\_\_ Set fire When? \_\_\_\_\_
- \_\_\_\_\_ Has a quick temper
- \_\_\_\_\_ Assaulted someone
- \_\_\_\_\_ Who? \_\_\_\_\_ What happened? \_\_\_\_\_
- \_\_\_\_\_ \_\_\_\_\_
- \_\_\_\_\_ \_\_\_\_\_
- \_\_\_\_\_ Destroyed property When? \_\_\_\_\_ How? \_\_\_\_\_
- \_\_\_\_\_ Hurt self When? \_\_\_\_\_ How? \_\_\_\_\_
- \_\_\_\_\_ Threatened to hurt self When? \_\_\_\_\_ How? \_\_\_\_\_
- \_\_\_\_\_ Threatened to hurt someone else When? \_\_\_\_\_
- \_\_\_\_\_ Who? \_\_\_\_\_ How? \_\_\_\_\_
- \_\_\_\_\_ Used a weapon When? \_\_\_\_\_ What? \_\_\_\_\_
- \_\_\_\_\_ Used alcohol When? \_\_\_\_\_ What? \_\_\_\_\_
- \_\_\_\_\_ Used drugs When? \_\_\_\_\_ What? \_\_\_\_\_
- \_\_\_\_\_ Used tobacco When? \_\_\_\_\_
- \_\_\_\_\_ Been sexually active At what age? \_\_\_\_\_
- \_\_\_\_\_ Been a gang member
- \_\_\_\_\_ Been cruel to animals

**HOME BEHAVIOR**

All children exhibit, to some degree, the behaviors listed below. Check those that you believe your child exhibits to an excessive or exaggerate degree when *compared to other children his/her age*:

- \_\_\_\_\_ Fidgets with hands, feet or squirms in seat
- \_\_\_\_\_ Has difficulty remaining seated when required to do so
- \_\_\_\_\_ Easily distracted by extraneous stimulation
- \_\_\_\_\_ Has difficulty waiting his or her turn in games or in group situations
- \_\_\_\_\_ Interrupts or intrudes on others [impulsively (X) \_\_\_\_\_, or on purpose (X) \_\_\_\_\_]
- \_\_\_\_\_ Blurts out answers to questions before they have been completed
- \_\_\_\_\_ Has problems following through with instructions (not due to opposition/defiance)
- \_\_\_\_\_ Does not appear to listen to what is being said
- \_\_\_\_\_ Fails to comprehend verbal or written instructions
- \_\_\_\_\_ Shifts from one uncompleted activity to another
- \_\_\_\_\_ Has difficulty playing quietly
- \_\_\_\_\_ Often talks excessively

- \_\_\_\_\_ Loses things necessary for tasks or activities
- \_\_\_\_\_ Boundless energy
- \_\_\_\_\_ Poor judgment
- \_\_\_\_\_ Impulsivity (poor self-control)
- \_\_\_\_\_ Frustrates easily
- \_\_\_\_\_ Temper outbursts
- \_\_\_\_\_ Sloppy table manners
- \_\_\_\_\_ Acts like he or she is driven by a motor
- \_\_\_\_\_ Wears out shoes more frequently than siblings
- \_\_\_\_\_ Excessive number of accidents
- \_\_\_\_\_ Doesn't seem to learn from experiences
- \_\_\_\_\_ Poor memory
- \_\_\_\_\_ A "difficult child"

Does your child create more problems, either on purpose or impulsively, within the home setting than his or her siblings? \_\_\_\_\_

Explain: \_\_\_\_\_

Types of discipline you use(d) with your child \_\_\_\_\_

Is there a particular form of discipline that has proven effective? \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_