



DIPLOMATE OF THE AMERICAN BOARD OF PEDIATRIC NEUROPSYCHOLOGY
DIPLOMATE OF THE AMERICAN BOARD OF PROFESSIONAL NEUROPSYCHOLOGY

INITIAL HISTORY

Name: _____ Date of Birth: _____

Address: _____

Phone: _____

Emergency contact: _____

Who referred you? _____

Presenting problem(s)

Other issues/concerns

Goals of this consultation

What are your strengths?

DEVELOPMENTAL HISTORY (as much as is known)

1. Mother's health during pregnancy

- a. her age when you were born
- b. medications/ alcohol/ caffeine

2. Delivery

- a. gestational age (# of weeks of pregnancy at which you was born)
- b. duration of labor:
- c. medications during labor
- d. fetal distress? APGAR scores at 1 minute? At 5 minutes?
- e. your presentation (normal, use of forceps, vacuum)
- f. your birth weight

3. Baby's health

- a. complications following birth
- b. feeding problems
- c. colic
- d. responsiveness
- e. health problems in infancy
- f. easy or difficult baby (schedule/ crying)
- g. degree of sociability
- h. activity level

4. Milestones - the age at which you:

- a. smiled sat without support crawled walked
- b. spoke first words spoke phrases spoke sentences
- c. were toilet trained bladder: bowel:

5. Health

- a. overall date of most recent physical:
- b. hearing and vision
- c. fine and gross motor coordination (walking/running/tying shoes)
- d. Of the following, circle those that apply and explain:
 unusual illnesses/hospitalizations/high fevers/seizures/losses of
 consciousness/ stitches/broken bones/poisoning/head injury
- e. surgery (date and type)
- f. alcohol or drug use
- g. sleeping problems? Do you snore? Hours of sleep per night?
- l. appetite control problems? Height: Weight:
- m. medications (past and present)

6. Psychiatric history

- a. psychotherapy (when, for how long and with whom)
- b. psychiatric hospitalizations
- c. behavior problems
- d. traumas or major events in your life.

7. School history (academic, social and behavioral performance)

- a. elementary school
- b. junior high school
- c. high-school
- d. college/professional school
- e. grades achieved
- f. tutors or special education

8. Handedness (left, right or ambidextrous)

of you? at what age did it emerge? of siblings? of father? of mother?
father's parents and siblings? mother's parents and siblings?

9. Family constellation

Parents married? Length? Stability?

Do you have siblings? How many? What ages? Please describe them.

What is the relationship between you and your siblings?

Please describe the atmosphere of your childhood home

10. Current relationships

Are you in a committed relationship? How long?

Please describe the quality of the relationship?

What is your relationship history?

Do you have children? If yes, please describe them.

12. Your work history (feel free to attach resume/CV)

Please describe the type of work you do and what it requires of you. What is hard? What is easy?

What type of work have you done previously? How long have you held different jobs?

Have you ever been fired from a job? If so, why?

Family educational achievements

Mother:

Father:

Siblings?

Parents' type of work?

12. Family medical history:

13. Family psychiatric history - any close relatives have:

- a. aggression problems
- b. attention problems
- c. learning disabilities
- d. mental retardation
- e. psychosis
- f. physical/sexual abuse
- g. substance-abuse
- h. tics
- i. depression
- h. anxiety

13. Supplementary information

Does you participate in sports? Which ones? Proficiency level?

How do you prefer to spend your days?

Are you clumsy? Accident prone?

Are you hypersensitive to tactile sensations (mud, clothing labels, wool clothes), light, sound?

Have you ever been arrested? Please explain.

How well do you manage money?

How are you at novel (new) tasks versus rote (familiar, repetitive) tasks?

How's your social life?