



WINCHESTER PSYCHOLOGICAL ASSESSMENT, LLC

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Child's History

The following questions are asked so that we can best understand your child. Please fill out this questionnaire before the child is evaluated. Please read the questions carefully and answer them as fully as possible. Use additional pages if necessary. If there are any questions you don't understand, they can be filled out with the examiner's help when he or she reviews the history with you. Please star (*) such questions.

Child's Information

Legal Name: _____ Birth Date: _____ Age: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Child's Doctor: _____ Phone: _____

What are the problems that caused you to seek help for this child?

Family History

Child is living with: Both Parents Mother Father Mother & Stepfather
 Father & Stepmother Legal Guardian Other _____
Is the child adopted? Yes No If yes, child's age at adoption: _____
Status of parents' marriage: Married How long married? _____
 Separated Divorced How long divorced? _____ Child's age at divorce: _____
 Never married Single

Birth Mother

Birth Father

Age: _____
Highest Grade Completed: _____
Diploma/Degree: _____
Occupation: _____

Describe any special ed. or tutoring
for mother:

Special ed. or tutoring
for father:

Mother's grades repeated/subjects failed:

Father's grades repeated/subjects failed:

Birth Mother

Birth Father

Please describe any learning difficulty, and subject and grade level at which it occurred:

Please describe any behavior problems and treatment received:

Please describe any psychological or psychiatric problems for which treatment was received:

Any Attention-Deficit Disorder or hyperactivity? Please describe treatment:

Adoptive Mother/Stepmother/Other
(circle one)

Adoptive Father/Stepfather/Other
(circle one)

Highest Grd. Completed: _____

Occupation: _____

Other Children (including step-siblings and half-siblings)

Name	Sex	Age	In home?	School/Behavioral/Health problems
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Biological Extended Family

Do any extended family members (maternal/paternal grandparents, uncles, aunts, cousins) suffer from a problem with inattentiveness or hyperactivity; epilepsy; seizures; migraines; alcoholism or substance abuse; psychological, emotional, or personality difficulty; learning problems or developmental disabilities; and/or a "nervous" or neurological disorder; etc.? Yes No

If yes, please list relationship to child, disorder, and any treatment if received:

Maternal (mother's side)

Paternal (Father's Side)

Please provide any other information about the child's extended family that might help us understand the child's needs (medical, developmental, behavioral, educational, emotional, or psychological). _____

Birth and Development History

Pregnancy

Length in weeks or months: _____

Illnesses or complications while pregnant? Yes No If yes, please explain: _____

Medications taken by the mother during pregnancy? _____

Substances used during pregnancy: _____

Cigarettes How many? _____ per (day week)

Alcohol How many drinks? _____ per (day week month)

Drugs Please describe type(s) of drug, frequency of use, and at what month of pregnancy use was stopped (if applicable): _____

Was the father taking any medications or drugs at time of conception? Yes No If so, what? _____

How many pregnancies and/or miscarriages has the mother had? _____

Labor and Delivery

Was the birth of the child "normal?" Yes No If no, please explain: _____

Do you think the child's problems might be related to pregnancy, labor, or delivery? Yes No

If yes, please explain: _____

Perinatal History

Birth weight _____ Length _____ APGAR Scores _____

Did mother or baby stay in Special or Intensive Care? Yes No

Please describe any problems: _____

Please list any birth defects: _____

Infancy and Early Childhood

Please rate the child on the following behaviors: Circle 1 if the behavior on the left was present the majority of the time. Circle 5 if the behavior on the right was present the majority of the time. Stages in between are represented by 2, 3, and 4. If there are two behaviors listed (e.g., tantrums and head banging), please check the one that was present.

Quiet and content	1	2	3	4	5	Colicky and irritable
Very easy to feed	1	2	3	4	5	Daily feeding problems
Slept well	1	2	3	4	5	Frequent sleep problems
Usually relaxed	1	2	3	4	5	Often restless
Underactive	1	2	3	4	5	Overactive
Cuddly, easy to hold	1	2	3	4	5	Did not enjoy cuddling
Easily calmed down	1	2	3	4	5	<input type="checkbox"/> tantrums <input type="checkbox"/> headbanging
Cautious and careful	1	2	3	4	5	<input type="checkbox"/> accidents <input type="checkbox"/> daredevil
Coordinated	1	2	3	4	5	Uncoordinated
Enjoyed eye contact	1	2	3	4	5	Avoided eye contact
Liked people	1	2	3	4	5	Disliked contact with people

Other problems or comments regarding infancy or early childhood development: _____

Did an event, health condition, separation, etc., disturb early infant/mother bonding or the developing toddler/mother relationship? Yes No If yes, please explain: _____

Please describe the child as an infant (temperament, sleeping, eating patterns, etc.): _____

Age at Milestones

Gross Motor	Age	Language Skill	Age
Crawled	_____	Used single words	_____
Walked	_____	Small sentences (2+ words)	_____
Ran well	_____	Described activity	_____
Fine Motor		Social/Adaptive	
Fed self w/spoon	_____	Potty trained (day)	_____
Scribbled	_____	Potty trained (night)	_____
Tied Shoes	_____		

Rate of overall development: Slow Normal Fast

Medical History

Has the child been taken to the emergency room with a serious emergency, hospitalized, or had outpatient surgery since birth? Yes No If yes, describe condition/injury, surgery, when, how long, and where:

If the child had a head injury, did he or she lose consciousness? Yes No If yes, how long? _____

Was he or she comatose? Yes No If yes, how long? _____

Do you see the child as being Hyperactive? Inattentive? A behavior problem?

Does the child seem to be able to control his or her behavior and attention? Yes No

If no, please explain: _____

Has the child ever been diagnosed by a psychologist, physician, or other professional as having ADHD (Attention-Deficit/ Hyperactivity Disorder) Yes No

If yes, when and by whom? _____

What treatment has the child had for ADHD other than meds? _____

What meds has the child received for ADHD including dosage and times? _____

Describe any other handicapping conditions or special health considerations and their treatments: _____

Date of last hearing test: _____ Were results normal? Yes No

If no, please explain: _____

Date of last vision test: _____ Does the child wear Glasses Contacts

Why? _____

Please list medications currently being taken by the child, including nonprescription (with dosage and times):

The child's current health is: Poor Fair Good

Behavioral and Mental Health History

Please describe any behaviors that are particularly concerning to you or others:

Please list any unusual, traumatic, or possibly stressful events in the child's life that you think may have had an impact on his or her development and current functioning. Include incident, child's age at the time, and comments:

Has the child or family received any professional mental health treatment, such as individual or family counseling, group counseling, etc.? Yes No If yes, please list any past and current treatments, including type of counseling, person counseled, name of counselor, and length and frequency of treatment:

Present Personality and Behavior

Please circle all traits that apply to the child now:

sad happy leader follower moody friendly quiet overactive independent
dependent sensitive affectionate fearful cooperative tantrums lethargic
too responsible trouble sleeping hard to discipline even-tempered prefers to be alone

Educational History

Did the child attend preschool or daycare? If so, list location, type of program, # days per week, age when started, and progress: _____

Current grade and school: _____

List previous schools and grades attended at each: _____

Briefly describe the child's performance and any concerns in each grade:

Kindergarten: _____

1st grade: _____

2nd grade: _____

3rd grade: _____

4th grade: _____

5th grade: _____

Middle School: _____

