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CHILD AND ADOLESCENT FORM

NAME: _____ DATE: _____

ADDRESS: _____

ZIP CODE: _____

AGE: ____ SEX: ____ BIRTHDATE: _____ PEDIATRICIAN _____

GRADE: _____ SCHOOL NAME & LOCATION: _____

PARENT'S NAMES: _____

MOTHER'S HOME#: _____ MOTHER'S EMAIL: _____

MOTHER'S WORK#: _____ MOTHER'S MOBILE#: _____

FATHER'S HOME#: _____ FATHER'S EMAIL: _____

FATHER'S WORK#: _____ FATHER'S MOBILE#: _____

MOTHER'S SS # _____ FATHER'S SS# _____

REFERRED BY: _____

REASONS FOR THIS VISIT: _____

NAME OF PERSON FINANCIALLY RESPONSIBLE _____

HOME ADDRESS _____

CITY & STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

SOCIAL SECURITY # _____ OCCUPATION _____

EMPLOYED BY _____

BUSINESS ADDRESS _____

PRESENT STATUS:

1. PHYSICAL DATA:

HEIGHT: _____ WEIGHT: _____ GENERAL HEALTH: _____
APPETITE: _____ SLEEP HABITS: _____
MEDICAL ILLNESSES/CONDITIONS: _____
MEDICATION(S): _____

2. OTHER MEMBERS OF HOUSEHOLD (NAME, SEX, AGE, RELATIONSHIP TO CHILD):

3. MARITAL STATUS OF PARENTS (PLEASE INCLUDE DATES):

4. AGES AND SEXES OF SIBLINGS WHO DO NOT LIVE IN HOUSEHOLD:

5. OTHER IMPORTANT PEOPLE OR RELATIVES IN CHILD'S LIFE:

6. MOTHER'S EDUCATION _____ OCCUPATION: _____

FATHER'S EDUCATION _____ OCCUPATION: _____

7. WHO TAKES CARE OF CHILD? _____

8. WHICH OF THE FOLLOWING PROBLEMS, IF ANY, DOES YOUR CHILD DISPLAY?

___ SADNESS ___ LOW SELF-ESTEEM ___ APATHY ___ IRRITABILITY ___ WORRY
___ AGITATION ___ OBSESSIVE THINKING ___ COMPULSIVE BEHAVIOR
___ LOW FRUSTRATION TOLERANCE ___ FEARFULNESS ___ AVOIDANCE ___ PANIC
___ TANTRUMING ___ OPPOSITIONAL/DEFIANT BEHAVIOR ___ ARGUING
___ DRUG/ALCOHOL USE ___ SUICIDAL THOUGHTS ___ HOMICIDAL THOUGHTS
___ CUTTING/BURNING SELF ___ UNUSUAL/ODD THINKING OR BEHAVIOR
___ SOCIAL SKILLS DEFICITS ___ PROBLEMS WITH PEERS ___ POOR DECISION MAKING
___ EATING PROBLEMS ___ SLEEPING PROBLEMS ___ PHYSICAL PROBLEMS

9. SCHOOL INFORMATION:

TYPE OF CURRICULUM OR CLASS: _____

SPECIAL CLASSES? (PLEASE DESCRIBE): _____

HOW MANY HOURS/DAYS? IN SCHOOL _____ IN SPECIAL CLASSES: _____

10. HAS CHILD EVER FAILED A GRADE? _____ WHAT GRADE? _____

11. HOW DOES CHILD PERFORM IN SCHOOL? (BELOW AVERAGE/AVERAGE/ABOVE AVERAGE)

ACADEMICALLY: _____ SOCIALLY: _____ CONDUCT: _____

12. WHICH OF THE FOLLOWING PROBLEMS, IF ANY, DOES YOUR CHILD HAVE REGARDING SCHOOL PERFORMANCE?

- ___ DOES NOT DO HOMEWORK ___ STARTS BUT DOES NOT FINISH HOMEWORK
___ FAILS TO CHECK/RUSHES THROUGH HOMEWORK ___ FORGETS ASSIGNMENTS
___ PROCRASTINATES ___ MESSY & DISORGANIZED ___ INCOMPLETE CLASSWORK
___ DISTRACTIBLE ___ INTERRUPTS ___ POOR ATTENTION SPAN
___ TOO LONG TO COMPLETE ASSIGNMENTS ___ CARELESSNESS
___ DOES NOT REMAIN SEATED ___ TALKS OUT INAPPROPRIATELY ___ RESTLESS/FIDGETY IN CHAIR
___ NONCOMPLIANT ___ POOR HANDWRITING ___ PROBLEMS WITH WRITTEN LANGUAGE
___ POOR SPELLING ___ POOR READING ___ POOR MATH

13. PEER RELATIONSHIPS:

	HOME	SCHOOL		HOME	SCHOOL
NO FRIENDS	_____	_____	MEAN/AGGRESSIVE	_____	_____
FEW FRIENDS	_____	_____	TOO SHY OR TIMID	_____	_____
MANY FRIENDS	_____	_____	BOSSY/CONTROLLING	_____	_____
LOSES FRIENDS	_____	_____	RISKY BEHAVIORS	_____	_____
TROUBLE MAKING NEW FRIENDS	_____	_____			

14. LEVEL OF CHILD'S SKILLS (BELOW AVERAGE/AVERAGE/ABOVE AVERAGE):

- A. LANGUAGE (LISTENING, SPEAKING) _____
B. GROSS MOTOR (RUNNING, JUMPING, STRENGTH, BALANCE): _____
C. FINE MOTOR (WRITING, COLORING, CUTTING): _____
D. READING: _____
E. MATHEMATICS: _____
F. WRITING & SPELLING: _____

15. HOW DOES CHILD HANDLE FRUSTRATION AND ANGER? _____

16. WHAT IS CHILD'S ATTENTION SPAN & PERSISTENCE OF EFFORT LIKE? _____

17. GENERAL PICTURE OF HOW CHILD SPENDS HIS/HER DAY? _____

HISTORY:

1. IS YOUR CHILD ADOPTED? _____

2. PREGNANCY & DELIVERY

A. COMPLICATIONS: _____

B. PLANNED/UNPLANNED: _____ PREMATURE/TERM: _____

C. WEIGHT AT BIRTH: _____ APGAR SCORE: _____

3. HISTORY OF CHILDS MEDICAL PROBLEMS AND HOSPITALIZATIONS. (INDICATE TYPE OF PROBLEM AND AGE AND ANY CHANGES IN THE CHILD THEREAFTER):

4. ACCIDENTS, POISONINGS, EMOTIONAL OR PHYSICAL TRAUMAS (INDICATE TYPE OF PROBLEM AND AGE):

5. ANY EVIDENCE OF HEARING OR VISION PROBLEMS? WHEN WAS CHILD TESTED FOR THESE?

6. PLEASE INDICATE THE SEQUENCE OF CHILD-CARE ARRANGEMENTS SINCE BIRTH:

7. DISRUPTIONS IN FAMILY OR CHANGES IN MEMBERS OR HOUSEHOLD. INDICATE NATURE OF CHANGE AND AGE OF CHILD AT THE TIME:

8. DEATHS OR SEPARATIONS FROM IMPORTANT PEOPLE. INDICATE NATURE OF RELATIONSHIP, TYPE OF PROBLEM AND AGE OF CHILD:

9. HISTORY OF CHILDS EDUCATION (AGE STARTED SCHOOL AND SCHOOLS ATTENDED, DATES, ETC.)

DEVELOPMENTAL INFORMATION:

1. INDICATE BOTTLE OR BREAST FED & AGE OF WEANING: _____

2. AGE CRAWLED: _____ 3. WALKED ALONE: _____

4. AGE SPOKE: 1 WORD _____ STRUNG 3 OR MORE WORDS TOGETHER _____

5. AGE POTTY TRAINED: DAY _____ NIGHT _____

HOW LONG DID TRAINING TAKE ? _____

6. AGE BLADDER TRAINED: DAY _____ NIGHT _____

HOW LONG DID TRAINING TAKE? _____

7. TEMPERAMENT (INFANCY, TODDLER, PRE-SCHOOL) CHECK ANY THAT APPLY:

- SHY OR TIMID FEARFUL IMPULSIVE ROCKING STUBBORN
 CAUTIOUS POOR SLEEP HEADBANGING AFFECTIONATE
 UNDERACTIVE CURIOUS INTO EVERYTHING TEMPER OUTBURSTS
 TORE UP TOYS MORE THAN NORMAL WANTED TO BE LEFT ALONE
 EASY TO MANAGE SLOW TO WARM UP DAREDEVIL OR HIGH RISK BEHAVIOR
 MORE INTERESTED IN THINGS THAN IN PEOPLE PROBLEMS WITH TRANSITIONS
 HAPPY AGGRESSIVE POOR EATING COLICKY
 STARRING/BLANK SPELLS FALLING SPELLS

8. ANYTHING ELSE YOU THINK THE DOCTOR SHOULD KNOW?

THE FUTURE:

1. WHAT DO YOU EXPECT FROM YOUR CHILD IN THE FUTURE?

2. WHAT KIND OF HELP OR SCHOOLING WOULD YOU LIKE HIM/HER TO RECEIVE?

3. WHAT KIND OF HELP DO YOU NEED OR WOULD YOU LIKE TO RECEIVE TO ASSIST YOU IN DEALING WITH YOUR CHILD?

FAMILY INFORMATION:

	HISTORY OF MENTAL ILLNESS DEPRESSION OR ANXIETY	ALCOHOL OR DRUG ABUSE	SCHOOL PROBLEMS	EMPLOYMENT PROBLEMS	CHRONIC OR SEVERE HEALTH PROBLEMS
MOTHER					
FATHER					
BROTHER					
BROTHER					
BROTHER					
SISTER					
SISTER					
SISTER					
MATERNAL GRANDMOTHER					
MATERNAL GRANDFATHER					
PATERNAL GRANDMOTHER					
PATERNAL GRANDFATHER					
STEP-MOTHER					
STEP-FATHER					
OTHER					
OTHER					