Comprehensive Neurodevelopmental History Interview

The information you provide on these pages is an extremely valuable part of this child's evaluation and treatment. Please complete each item with careful consideration before the next appointment. This information will be part of the child's medical record and is protected under Privacy Acts. Thank you for your assistance.

General Information

Child's Name _____ Date _____

Mother's Name _____ Father's Name _____

Who is completing this form? _____

Child's Current Address _____

City _____ County _____ State _____Zip_____

Phone Numbers _____

Date of Birth _____ Age _____ Ethnicity _____ Sex: ☐ Female ☐ Male

School _____ Grade level _____

Special school placement? _____

Who has legal custody to make medical/legal decisions for the child?

☐ Both parents (joint legal custody) ☐ Mother only ☐ Father only ☐ Other (guardian ad litem, etc.)

If you checked "Other" above, please explain _____

If parents are divorced or separated, please explain the child's living arrangements. _____

_____

Please list any psychiatrists, social workers, therapists, school staff, or other professionals currently involved in the child's welfare. _____

_____

What are your main concerns? _____

_____

_____

What are some of this child's strengths, positive points, abilities, etc.? _____

_____

_____

Prenatal History

Do Not Write In This Area

1. Is the child adopted? ☐ No ☐ If yes, at what age? ____

2. Mother's health during this pregnancy was: ☐ Good ☐ Fair ☐ Poor ☐ Unknown

3. Please explain any complications or accidents during this pregnancy (e.g., high blood pressure, swelling, injuries, infections, diabetes, etc.). _____

_____

_____

4. Please note any medication or substances used during this pregnancy, even if they were stopped after the mother learned she was pregnant.

   Alcohol: ☐ None ☐ Once or twice total ____ times per _____
   Quit drinking at what month of the pregnancy? _____

   Cigarettes: ☐ None _____ cigarettes/day OR _____ packs/day
   Quit smoking at what month of the pregnancy? _____

   Coffee ☐ None ☐ Once or twice total ____ times per _____

   Other caffeinated drinks (soda, tea, energy drinks, etc.)
   ☐ None ☐ Once or twice total ____ times per _____

   Marijuana or other drugs: which ones? _____
   ☐ Never ☐ Once or twice total ____ times per _____

   List any medications or supplements taken during pregnancy (e.g., herbal supplements, antibiotics, valium, pre-natal vitamins, etc.):

   _____

Labor and Birth Information

1. The baby was born: ☐ on time _____ weeks early _____ weeks late

2. The baby's weight and length were: ☐ normal ☐ below normal ☐ above normal

   Weight if known: ____ lbs. ____ oz. Length if known: _____

3. Describe any complications or dangers to the mother or baby during labor/delivery? (etc. very long labor, breech birth, C-section, umbilical cord around neck, etc.)

_____

_____

4. Describe any special care required after the delivery (e.g., oxygen, intensive care, heart monitoring, drug withdrawal, etc.). _____

Early Childhood Health and Development

Birth to 18 months

1. What was the baby's usual temperament or personality?

☐ Easy - didn't cry much, slept and ate on schedule, cuddly, easy to sooth, etc.
☐ Average - usually somewhere between easy and difficult
☐ Difficult - hard to satisfy, fussy, did not eat/sleep on schedule, colicky, etc.
☐ Sensitive - easily upset, best with a fixed schedule, but cuddly, easy to soothe

☐ Easy OR ☐ Difficult until _____ months, then _____

Do Not Write In This Area

2. Describe the child as an infant.	Not at all	A little	Pretty much	Very much
Enjoyed being held	☐	☐	☐	☐
Good eye contact, smiling	☐	☐	☐	☐
Babbling to or with you by 12 months	☐	☐	☐	☐
Playing baby games with you by 12 months	☐	☐	☐	☐

3. Describe the child as a toddler.				
Playful and confident	☐	☐	☐	☐
Happy and got along well with other children	☐	☐	☐	☐
Gentle, non-destructive	☐	☐	☐	☐
Easy to satisfy	☐	☐	☐	☐
Adaptable – could take him/her anywhere	☐	☐	☐	☐
Easy to soothe after being upset	☐	☐	☐	☐
Shy and cautious	☐	☐	☐	☐
Usually irritable or negative	☐	☐	☐	☐
Destructive or aggressive	☐	☐	☐	☐
Easily frustrated, frequent tantrums	☐	☐	☐	☐
Upset by transitions and changes	☐	☐	☐	☐
Trouble with new places, people, food, etc.	☐	☐	☐	☐
Very busy or active - always into something	☐	☐	☐	☐

4. When did the child meet the following milestones?

	On time	Early	Late	Don't know
Crawled	☐	☐	☐	☐
Sat without support	☐	☐	☐	☐
Stood alone, holding on to furniture	☐	☐	☐	☐
Walked without holding on	☐	☐	☐	☐
Pointed at things	☐	☐	☐	☐
Scribbled on paper	☐	☐	☐	☐
Turned to look at the source of a sound	☐	☐	☐	☐
Spoke first words	☐	☐	☐	☐
Used 2 words together ("Me go," etc.)	☐	☐	☐	☐
Spoke in sentences	☐	☐	☐	☐
Used scissors to cut things out	☐	☐	☐	☐
Tied shoe laces	☐	☐	☐	☐
Rode a bike	☐	☐	☐	☐

5. Was toilet training difficult for the child? ☐ No ☐ Yes

If yes, please explain _____

Medical Overview

1. The child's health is: ☐ Excellent ☐ Good ☐ Fair ☐ Problematic

2. Who is the child's medical doctor? _____

   Where does he/she work? _____

3. Approximate date of the last physical exam or wellness check-up: _____

   Approximate date of last eye exam: _____

   Approximate date of last hearing exam: _____

Do Not Write In This Area

4. Does the child have any ongoing medical problems (e.g., asthma, anemia, diabetes, heart condition, chronic illnesses, seizures, etc.)? ☐ No ☐ If yes, what?

   _____

5. Please list all medicines the child is taking now, including medicines for medical problems, psychiatric problems, vitamins, herbs, or dietary supplements:

Medication	**Prescribed By**	**To Control**

6. Allergies to medications, foods, pollen, animals, etc.:

_____

7. Has the family ever lived in an area known for potential problems with lead poisoning or other chemical exposure? ☐ No ☐ Yes

8. Has the youth ever used or been suspected of using cigarettes, alcohol, or drugs?
   ☐ No ☐ If yes, describe _____

   _____

9. Child's Sleep:
   Difficulty falling asleep, staying asleep, or awakening too early? ☐ No ☐ Yes

   If yes, describe _____

   Check all that describe the child during the day on average:

   - ☐ Gets up and going easily
   - ☐ Gets up groggy and wakens slowly
   - ☐ Difficult to awaken even if the child has had enough sleep
   - ☐ Falls asleep in class or is excessively tired during the day
   - ☐ Seems energetic even though he/she slept very little

10. Describe any other problems that occur during the night (e.g., afraid of the dark, snoring, nightmares, won't sleep alone, talking in sleep, etc.):

_____

11. Please check all that describe the child's level of activity:
    - ☐ Athletic, regular sports practice
    - ☐ Physical education classes in school several days each week
    - ☐ Walks, bikes, skateboards, or other activities 4 or more days per week
    - ☐ Actively plays outside 2 or more times per week
    - ☐ Fairly sedentary - doesn't get active unless encouraged

12. Please list any surgeries the child has had, at what age, and the outcome, including tubes in ears?

Do Not Write In This Area

Approximate Age	**Reason for Surgery**	**Outcome**

13. Ear infections? ☐ Frequently in the past ☐ Gets them regularly ☐ Rarely to none

14. Please describe any other ailments, head injuries, broken bones, other injuries, or accidents the child has had, at what age, and the current status:

Approximate Age	**Injury/Ailment**	**Current Status**

15. Any other health concerns: _____

Evaluation and Treatment History

1. List any previous evaluations/testing the child has had (e.g. for learning disabilities, ADHD, developmental delays, behavior, emotional problems, etc.):

Approximate age	**Where**	**Results**

2. List any psychiatric hospitalizations the child has had:

Approximate age	**Where**	**Why**	**Length of stay**

3. List past counselors, psychologists, therapists, psychiatrists, etc.

Approximate age **Why** **Results**

4. Have parents had any counseling or training for help with the child's behavior?
   ☐ No ☐ If yes, describe: _____

5. Check the box for reasons medication has ever been prescribed to the child.
☐ ADD/ADHD ☐ Depression ☐ Anxiety ☐ Sleep ☐ Tantrums ☐ Psychosis

   Was it helpful? ☐ No ☐ Yes

   Problems/Side effects_____

Do Not Write In This Area

Please, double-check that all **current** medications are listed on page 4, number 5.

School & Education History

1. Please list the grade and any important experiences (positive and negative) the child has had in school (e.g., diagnosed with a learning disability, repeated grades, report card changes, behavior changes, teacher problems, etc.)

   Grade **Situation**

2. Areas of difficulty:
   - ☐ Reading
   - ☐ Copying from the board
   - ☐ Expressing ideas in writing
   - ☐ Spelling
   - ☐ Messy writing
   - ☐ Math calculations (number problems)
   - ☐ Math word problems
   - ☐ Working on homework independently
   - ☐ Organization
   - ☐ Turning assignments in on time

3. Child's strengths or best areas in school: _____

4. Please list any special assistance with schoolwork or homework (tutoring, special education, IEP, 504 Plan, teacher modifications, etc)?

5. In the past 12 months, how many in-school suspensions? _____

Cause _____

How many out-of-school suspensions? _____

Cause _____

6. Has the child been expelled from school? ☐ No ☐ If yes, why? _____

_____

Social Environment

1. Child's current dwelling?
☐ House ☐ Apartment ☐ Mobile home ☐ Temporary housing
☐ Other _____

Location?
☐ Rural ☐ Inner city ☐ Suburbs in the city ☐ Small town outside of city
☐ Other _____

Do Not Write In This Area

2. With whom does the child live now? If the child has more than one home where he/she regularly lives, please list the members of that household also.

Name	Relationship	Age

List any pets that live with the child.

_____

3. Please list siblings <u>not</u> living in the home:

Name	Relationship	Age	Living where

4. The child's biological parents are: ☐ Married ☐ Separated ☐ Divorced ☐ Not living

5. Family interests or hobbies (camping, science fiction, sports, hunting, reading, etc.):

_____

6. Does the family attend church, temple, or other place of worship?
☐ Occasionally ☐ Regularly ☐ No

7. Has the child ever experienced:

☐ Physical abuse	☐ Sexual abuse
☐ Emotional or verbal abuse	☐ Harassment/Bullying at school
☐ Victim of a crime	☐ Encouraged by caregivers to break the law
☐ Witnessed violence in the home	☐ Witnessed crime in the community
☐ None of the above	☐ Not sure

8. Check any of the following events that have occurred in the past 12 months:

☐ Parents divorced or separated	☐ Absence of a parent for a week or more
☐ Family member ill or injured	☐ Death in the family
☐ Family moved	☐ Death of a pet or acquired a new pet
☐ Tension in the home	☐ Parent changed jobs or lost a job
☐ Legal or financial problems	☐ Child changed schools or daycare
☐ Loss of a close friend	☐ House fire, natural disaster
☐ Car accident	☐ Family member was a crime victim
☐ Someone new in the household	☐ Child saw abuse or sexual situation

Other distressing events_____

9. Has the child ever had a life-threatening experience (house fire, mugged, etc.)?

☐ No ☐ If yes, describe _____

Do Not Write In This Area

10. Prior to age 4, was the child separated from Mom or Dad for more than a week due to:

☐ Child hospitalized	☐ Parent hospitalized
☐ Camp	☐ Business trip
☐ Visiting relative or friend	☐ Parent went away to care for someone

☐ Any other reason for the separation _____

☐ No separation during that time

11. Describe any special needs or health problems of family members (chronic illness, handicap, etc.). _____

12. How easily does the child make friends?

☐ Doesn't have any ☐ Worse than average ☐ Average ☐ Better than average

13. How long does the child usually keep friendships?

☐ Less than 6 months ☐ 6 months to a year ☐ More than a year ☐ Unknown

14. How many close friends does he/she have?

☐ None ☐ 1 ☐ 2 or 3 ☐ 4 or 5 ☐ More

How often each week does he/she do things with friends outside of school? _____

These friends are: ☐ "Good kids" ☐ Bad influences

15. How well does this child get along with:

Brothers, sisters	☐ Well	☐ Average	☐ Poorly
Other kids the same age	☐ Well	☐ Average	☐ Poorly
Parents	☐ Well	☐ Average	☐ Poorly

16. Any areas of extreme interest (dinosaurs, sports, weapons, trains, insects, etc.)?

Describe _____

This interest seems: ☐ Over-focused/excessive ☐ Positive/productive

Caretaker Concerns

1. Check the ways that parents or caretakers deal with behavior problems:

	Mother	Father	Other (who?)
Talking to, scolding	☐	☐	☐ _____
Yelling, screaming	☐	☐	☐ _____
Spanking	☐	☐	☐ _____
Time out	☐	☐	☐ _____
Taking away privileges	☐	☐	☐ _____
Grounding, restrictions	☐	☐	☐ _____
Rewards for good	☐	☐	☐ _____
Giving in to the child	☐	☐	☐ _____
Avoiding the child	☐	☐	☐ _____

2. Are these methods effective in changing the child's behavior?
   ☐ No ☐ Yes ☐ Temporarily ☐ Only partly

Do Not Write In This Area

3. How well does the child go along with the parents' first-time commands?
   Mother: ☐ Never ☐ Rarely ☐ Usually ☐ Always
   Father: ☐ Never ☐ Rarely ☐ Usually ☐ Always

4. Does the child eventually go along with the parents' wishes?
   Mother: ☐ Never ☐ Rarely ☐ Usually ☐ Always
   Father: ☐ Never ☐ Rarely ☐ Usually ☐ Always

5. Do parents have difficulty with being consistent with the child?
   Mother: ☐ Never ☐ Rarely ☐ Usually ☐ Always
   Father: ☐ Never ☐ Rarely ☐ Usually ☐ Always

6. Indicate any parenting concerns you have.
   ☐ Child doesn't seem to care what discipline is used
   ☐ Nothing seems to work
   ☐ Worry about being too strict or too forceful
   ☐ Worry about losing control
   ☐ Worry about being too lax
   ☐ Worry about being too protective
   ☐ Worry about having had poor parent role models
   Other _____

Family History

Indicate any **blood relatives** of the child with the following issues.

	Brothers Sisters	Bio Mother	Mother's Relatives	Bio Father	Father's Relatives
Learning disabilities, dyslexia, speech or special education classes	☐	☐	☐	☐	☐
Attention deficit or hyperactivity	☐	☐	☐	☐	☐
Autism, Asperger's Disorder or other developmental problems	☐	☐	☐	☐	☐
Oppositional-defiant, breaks rules, annoys others on purpose	☐	☐	☐	☐	☐
Legal problems, arrests, jail/prison time, court probation, or "always in trouble"	☐	☐	☐	☐	☐
Anger problems, rageful outbursts, aggressive, or abusive	☐	☐	☐	☐	☐
Bipolar, manic-depressive, or moody	☐	☐	☐	☐	☐
Anxieties, fears, phobias, or panic attacks	☐	☐	☐	☐	☐
Obsessive, compulsive, or fussy habits	☐	☐	☐	☐	☐
Depression for more than 2 weeks	☐	☐	☐	☐	☐
Suicide or attempted suicide	☐	☐	☐	☐	☐
Heavy alcohol use or drug abuse	☐	☐	☐	☐	☐
Eating disorder	☐	☐	☐	☐	☐
Psychosis, schizophrenia	☐	☐	☐	☐	☐
Tics, other nervous habits, or Tourette's	☐	☐	☐	☐	☐
Seizures or epilepsy	☐	☐	☐	☐	☐
Gambling, shopping, or other compulsions	☐	☐	☐	☐	☐
Victim of physical or sexual abuse	☐	☐	☐	☐	☐
Thyroid problems (over- or under-active)	☐	☐	☐	☐	☐
Chronic medical problems (heart problems, diabetes, cancer, deafness, etc.)	☐	☐	☐	☐	☐

Do Not Write In This Area

Neurodevelopmental Screening

Please check the boxes to describe the child's abilities in the following areas:

	Not good	Okay	Good	Very good
Attention Control				
Able to start and finish a task	☐	☐	☐	☐
Can decide what's important to focus on	☐	☐	☐	☐
Stays focused on a task	☐	☐	☐	☐
Uses a planner without help	☐	☐	☐	☐
Temporal-Sequential				
Does things efficiently that require a series of steps	☐	☐	☐	☐
Writes letters of words in correct order	☐	☐	☐	☐
Manages time well	☐	☐	☐	☐
Spatial Awareness				
Runs into things, knocks things over	☐	☐	☐	☐
Finds her/his way around without getting lost	☐	☐	☐	☐
Can copy complex geometrical figures	☐	☐	☐	☐
Can figure out how things work, builds things	☐	☐	☐	☐
Penmanship	☐	☐	☐	☐
Working Memory				
Keeps things in mind while doing something else	☐	☐	☐	☐
Can organize information in her/his mind	☐	☐	☐	☐
Able to follow multiple-step commands	☐	☐	☐	☐
Can work out math problems in his/her mind	☐	☐	☐	☐
Language				
Understands what she/he reads	☐	☐	☐	☐
Understands what others say	☐	☐	☐	☐
Expresses ideas in writing	☐	☐	☐	☐
Expresses ideas with talking	☐	☐	☐	☐
Pronounces letters and words clearly	☐	☐	☐	☐
Has a large vocabulary	☐	☐	☐	☐
Motor Skills				
Coordination and balance	☐	☐	☐	☐
Eye-hand coordination (writing, drawing, etc.)	☐	☐	☐	☐
Finger control (tying shoes, threading needle, etc.)	☐	☐	☐	☐
Social Skills				
Can interpret others' feelings correctly	☐	☐	☐	☐
Resolves conflicts with friends appropriately	☐	☐	☐	☐
Stays on topic of conversation appropriately	☐	☐	☐	☐
Knows when it is time to change topic	☐	☐	☐	☐
Is accepted by other kids	☐	☐	☐	☐
Higher Order Thinking				
Can solve her/his own problems appropriately	☐	☐	☐	☐
Logical thinking	☐	☐	☐	☐
Considers consequences before acting	☐	☐	☐	☐
Can apply what she/he knows to new situations	☐	☐	☐	☐

Do Not Write In This Area