John Largen & Associates, Inc. Clinical Neuropsychology Services

History for Children/Adolescents (age <18)

Please complete this questionnaire at home and bring it with you to the office of John Largen and Associates, Inc. at the time of your appointment. This form can be completed by yourself (the applicant) or by another family member. Questions? Call 281-957-9863

WHO IS COMPLETING THIS FORM? (specify relationship):

PERSONAL	AND	SOCIAL.	HISTORY.
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Child/Adolescent Nam	ie:
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Date of Birth: Age: Sex: M F Race: Left or Right Handed (Circle)

Is he/she bilingual? Yes No If yes, what is preferred language?

Was he/she adopted? Yes No

Please list those who are living at home:

Name Age Relationship to child:

1.)

2.)

3.)

4.)

Please list the names and ages of any brothers or sisters not living at home:

What are his/her recreational interests, activities, and hobbies?

FAMILY HISTORY:

Are the biological parents: Married Separated Divorced Never Married

If not married, how old was he/she when they divorced?

Parent's educational backgrounds: Mother:

Father: Step-parent:

Parent's occupations (even if retired): Mother:

Father:

Step-parent (s):

Are any of the parents/step parents or siblings deceased? yes no

If so, when?

Have any siblings or parents been diagnosed with significant medical problems? yes no If yes, please give details: Have any siblings or parents been diagnosed with LD or ADHD? yes no If yes, please give details **DEVELOPMENTAL HISTORY:** Birth History: Where there any problems during mother's labor? yes no If yes, please give details: Was the delivery -On-time Early Late If early or late, how long: Was he/she delivered by Cesarean section? yes no Birth weight if known: Where there any complications at birth (cord around neck, meconium inhalation, difficulty breathing/anoxia, blue baby, other?) yes If yes, give details: Was there any need for special treatment or extra days at the hospital after birth? yes no If yes, give details: Developmental Milestones: Were motor milestones reached at the appropriate ages? yes no If no, give details: Were language milestones reached at appropriate ages? yes no If no, give details: Was any speech/language therapy required during childhood? yes no If so, give details: Was there any physical or occupational therapy required? ves no *If so, give details:* **MEDICAL HISTORY:** When growing up, were there any significant illnesses or injuries that affected future life? yes no If so, please describe: Were there frequent ear infections as a young child? yes no Were ear tubes placed for fluid damage? Was there any visual problems? yes no If so, what type: Does he/she wear glasses? (circle) yes

Is he/she color-blind?			yes	no		
Were there any hearing problems	?		yes	no		
Please list any prior surgery:	Type of Surger	ry and Year			Continued	
1.)				6.)		
2.)				7.)		
3.)				8.)		
4.)				9.)		
5.)				10.)		
Other than surgery, has there be overnight for illness, injury, or other so, please give year (or age) and	ner cause?	ation	yes	no		
Please list current medications:	Name	Dose (if known)			Continue	ed
1.)	1 (41110	Bose (II kilo wii)		6.)	Continue	
2.)				7.)		
3.)				8.)		
4.)				9.)		
5.)				10.)		
-Head Injury (loss of cor -Cerebrovascular disease -Febrile Seizures as a ch	(stroke)			yes	no no no	
-Febrile Seizures as a ch					no	
-Petit Mal Seizures as a o				-	no	
-Epilepsy (grand mal) or					no	
-Episodes of passing out				yes	no	
-Paralysis or weakness o -Brain Infection (enceph				Mac	no	
-Brain tumor					no no	
-Hydrocephalus				-	no	
-Tourette's Syndrome or					no	
-Eating problems (anore					no	
-Hypertension (high bloom				•	no	
-Diabetes					no	
-Cancer or tumor					no	
-Blood Disorders (Circle					no	
-Liver Disease (Circle w	hich - Cirrhosis, l	Hepatitis)		. yes	no	
-Breathing or lung proble						
				. yes	no	
-Gastrointestinal problem	`	*				
		is, Crohn's)		yes	no	
-Heart Problems (Circle						
		e, coronary artery dis			no	
-Allergies (Circle which					no	
-Thyroid problems (Circ					no	
-High cholesterol (hyper	cnoiesteroiemia)			yes	no	

-Kidney disease or renal failure yes	no
-HIV, AIDS, or other problems with immune system disorder yes	no

Please list any current medical symptoms or problems not listed above:

EDUCATIONAL HISTORY:

Pre-School:

Was he/she placed in any early childhood or special pre-school program to address problems with speech or other disability? *If so, give details:*

Elementary School (grades K to 5)

Circle school setting and what years

Public school K 1 2 3 4 5

Private school K 1 2 3 4 5 Home schooled K 1 2 3 4 5

Compared to other children in elementary school, was there any particular difficulty with:

Reading Spelling Writing Math

During grades K through 5, was there any special testing for ADHD or LD (reading disability or dyslexia, math disability, writing difficulty or dysgraphia, processing speed deficit, nonverbal learning disability) by a doctor, school, or other agency?

As a result of the testing, did the school implement a formal Individualized Education Program (IEP) or 504 plan?

Circle any of the following placements -Special Education -Content Mastery -Formal tutoring

Were there formal or informal accommodations in any classes to address problems? yes no If so what accommodations?

Did they help?

What were typical grades in elementary school? A B C D F

What were his/her strengths or best school subjects?

What were his/her weaknesses or worst school subjects?

Was he/she placed in a gifted-and-talented program?

Did any grades change significantly during any particular school year?

Did he/she repeat any grades? If so please explain:

Did he/she attend summer school to make up for poor grades?

If so, please give details:

Was there any major stressors during grades K to 5?

If so, explain:

Were there any behavioral problems in school (frequent detentions, notes sent home from the teacher, suspensions, etc.)?

Were there any behavioral problems at <u>home</u> during these school years? *If so, please give details:*

Was there any difficulty making or keeping friends during elementary school? *If so, please give details:*

Middle School (6-7-8)

Circle school setting and what years Public school 6 7 8
Private school 6-7-8

Home schooled 6-7-8

Compared to other children in middle school, was there any particular difficulty with:

Reading Spelling Writing Math

During grades 6 through 8, was there any special testing for ADHD or LD (reading disability or dyslexia, math disability, writing difficulty or dysgraphia, processing speed deficit, nonverbal learning disability) by a doctor, school, or other agency?

As a result of the testing, did the school implement a formal Individualized Education Program (IEP) or 504 plan?

Circle any of the following placements -Special Education -Content Mastery -Formal tutoring

Were there formal or informal accommodations in any classes to address problems?

If so what accommodations?

Did they help?

What were typical grades in middle school? A B C D F

What were his/her strengths or best school subjects? What were his/her weaknesses or worst school subjects?

Was he/she placed in a gifted-and-talented program?

Did his/her grades change significantly during any particular school year? *If so, please explain:*

Did he/she repeat any grades in middle school?

If so please explain:

Did he/she attend summer school to make up for poor grades?

If so, please give details:

Did any major stressors occur during grades 6-8?

If so, explain:

Were there any behavioral problems in school (detentions, notes sent home from the teacher, suspensions, etc.)?

Were there any behavioral problems at home during these school years?

Was there any difficulty making or keeping friends during middle school?

High School (9th-12th grades)

Circle school setting and what years

Public school

Private school

9 10 11 12

Private school

9 10 11 12

Home schooled 9 10 11 12

Compared to other students in high school, did he/she have any particularly difficulty with:

Reading Spelling Writing Math

During high school, was there any special testing for ADHD or LD (reading disability or dyslexia, math disability, writing difficulty or dysgraphia, processing speed deficit, nonverbal learning disability) by a doctor, the school, or other agency?

As a result of the testing, did the school implement a formal Individualized Education Program (IEP) or 504 plan?

Circle any of the following placements -Special Education -Content Mastery -Formal tutoring

Were there any formal or informal accommodations in any classes to address problems?

If so what accommodations?

Did they help?

What were typical grades in high school? A B C D F

What is his/her GPA if known?

What are his/her strengths or best school subjects? What are his/her weaknesses or worst school subjects?

Has he/she been placed in a gifted-and-talents program?

Has he/she taken any advanced courses including pre/AP, AP, or dual -college credit courses? *If so, what courses?*

Did grades change significantly during any particular school year? *If so, please explain:*

Did he/she repeated any grades in high school? *If so please explain:*

Did he/she attended summer school to make up for poor grades? *If so, please give details:*

Have any major stressors occurred during grades 9-12?

If so, explain:

Have there been any behavioral problems in school (detentions, notes sent home from the teacher, suspensions, etc.)?

Have there been any behavioral problems at <u>home</u> during these school years?

Did he/she have any difficulty making or keeping friends during high school? *If so, please give details:*

College Entrance Exams:

If taken, what were the test scores on the PSAT SAT ACT THEA

If taken on more than one occasion, please give scores for each.

Did he/she apply for accommodations on any college entrance exam?

If given, what were the accommodations?

OCCUPATIONAL HISTORY:

If currently employed: Where does he/she work?

For how long?

What is his/her job title and typical duties?

PSYCHIATRIC HISTORY:

Please circle if he/she has been diagnosed by a psychiatrist, physician, or psychologist with any of the following:

Depression PTSD (post traumatic stress disorder)

Bipolar Disorder (manic depressive disorder)

Psychosis

Anxiety Schizoaffective Disorder

Phobias Schizophrenia Anxiety/Panic Attacks Other:

Obsessive-Compulsive Disorder

Is he/she <u>currently</u> seeing a psychiatrist, psychologist, psychotherapist, or counselor? Circle: yes no

If yes:

Name of doctor How Long Condition Being Treated Specialty of Doctor

In the <u>past</u>, did he/she see a psychiatrist, psychologist, psychotherapist, or counselor? Circle: yes no

If yes:

Name of doctor How Long Condition Being Treated Specialty of Doctor

Has he/she ever been **hospitalized for a psychiatric or emotional problem**? Circle: yes no

If yes:

Name of Hospital Date Condition Being Treated

Have there been any major changes or recent stressors? Circle: yes no

If so, please explain briefly:

What **medications in the past** were prescribed for psychiatric difficulty?

FAMILY HISTORY OF PSYCHIATRIC PROBLEMS:

Have any of his/her siblings or parents been diagnosed with a psychological/psychiatric problem including substance abuse? *If yes, please give details:*

Relationship Type of Problems

LEGAL HISTORY

Has he/she ever been arrested or convicted of any criminal offense? yes no *If yes, please list:*