



# Dr. Kracke & Associates, P.A.



## NEW CLIENT INFORMATION SHEET (CHILD)

Therapist: \_\_\_\_\_ Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_ AM/PM

### Patient Information

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ May we contact you by email?  (Initial \_\_\_\_\_)

Cell Phone: \_\_\_\_\_ (Detailed message? ) Home Phone: \_\_\_\_\_ (Detailed message? )

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Address: \_\_\_\_\_

Parent/Guardian Employer: \_\_\_\_\_ OK to contact?  Work Phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Date of last visit: \_\_\_\_\_

PCP Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Do we have your permission to contact the physician listed above?  (Parent Initial \_\_\_\_\_ / Child Initial \_\_\_\_\_)

Please list ALL allergies: \_\_\_\_\_

Please provide all current Medications and Dosages (use separate sheet if needed): \_\_\_\_\_

May we text you at the cell phone number provided?  (Initial \_\_\_\_\_)

### Primary Insurance Policy Holder/Responsible Party

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relation to patient: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ (Detailed message? ) Home Phone: \_\_\_\_\_ (Detailed message? )

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Primary Insurance: \_\_\_\_\_

Subscriber ID#: \_\_\_\_\_ Group#: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Does the patient reside with the policy holder?  If not, where? \_\_\_\_\_

### Secondary Insurance Policy Holder/Responsible Party

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relation to patient: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ (Detailed message? ) Home Phone: \_\_\_\_\_ (Detailed message? )

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Secondary Insurance: \_\_\_\_\_

Subscriber ID#: \_\_\_\_\_ Group#: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Please list ALL other existing insurance covering patient: \_\_\_\_\_



***VERY IMPORTANT:** If you are seeing another mental health provider (psychiatrist, counselor, etc.) and you are on a managed care plan, or you have had an evaluation done elsewhere, it is essential that we have that information to know how many visits and how often to request authorization for further sessions. Please list any other mental health care providers you have seen in the past 3 years below.*

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THE UNDERSIGNED HEREBY AUTHORIZES THE RELEASE OF ANY INFORMATION TO ALL OF MY INSURANCE COMPANY(IES) FOR CLAIMS SUBMITTED ON BEHALF OF ME AND/OR MY DEPENDENTS. I FURTHER EXPRESSLY AGREE AND ACKNOWLEDGE THAT MY SIGNATURE BELOW AUTHORIZES DR. KRACKE AND ASSOCIATES, P.A. TO SUBMIT CLAIM(S) FOR SERVICES RENDERED WITHOUT OBTAINING MY SIGNATURE ON ANY AND ALL CLAIM(S) SUBMITTED. ANY FAILURE TO DISCLOSE ADDITIONAL INSURANCE WILL RESULT IN OUR BILLING YOU FOR THE CHARGES.

I UNDERSTAND I AM THE PARTY RESPONSIBLE FOR ALL CHARGES FOR SERVICES - REGARDLESS OF INSURANCE COVERAGE AND AGREE TO ASSIGN ALL BENEFITS TO DR. KRACKE AND ASSOCIATES, P.A. AND/OR PAY FOR SERVICES FOR ME AND/OR ANY OF MY DEPENDENTS OR PERSONS LISTED AS PATIENT, REGARDLESS OF RELATIONSHIP TO ME.

X \_\_\_\_\_  
Signature for Primary Insurance Date

X \_\_\_\_\_  
Signature for Secondary Insurance Date

X \_\_\_\_\_  
Signature of Child over 14 years of age Date



*Please bring your photo ID and insurance cards and give to receptionist or therapist for copying. Thank-you!*

## Intake Information Form-Child/Adolescent

Parent's/ Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Please circle the individual completing this form is [circle one] (mother – father – grandparent – sibling - concerned family member or friend – other legal guardian) of the child.

*In order to assist the therapist obtaining a thorough understanding of your child's current situation, please complete this intake packet by either filling in or circling items as appropriate.*

### **Child's Information**

My child has lived in \_\_\_\_\_ for about \_\_\_\_\_ (months-years).

### ***Family History***

The quality of our family relationship is (good – fair - poor).

Biological parents are (married – separated – divorced).

If divorced, father has \_\_\_\_\_% custody and mother has \_\_\_\_\_% custody.

My child has \_\_\_\_\_ siblings that live at the primary residence and \_\_\_\_\_ siblings that reside outside of the child's primary residence.

### ***Education***

My child is currently in the \_\_\_\_\_ (grade) at \_\_\_\_\_ (school).

His/Her overall progress is (below average – average - above average).

(When applicable): My child is enrolled in \_\_\_\_\_ special needs program.

### ***Employment history***

If child is an adolescent (12 to 18 years of age), have they ever been employed? Yes – No. If currently employed, he/she has worked at \_\_\_\_\_ for approximately \_\_\_\_\_ (months-years). If previously employed, worked at \_\_\_\_\_ for approximately \_\_\_\_\_ (months-years).

### ***Health History***

My child has significant medical difficulties with his/her (heart – stomach – cancer – pain - high blood pressure – diabetes - weight related issues – kidneys – lungs – allergies - or \_\_\_\_\_).

There (has been – has not been) a recent significant change in my child's (weight – appetite - sleep pattern).

My child has had major surgery for \_\_\_\_\_ on \_\_\_\_\_ (month/year).

My adolescent child (is – has previously been – has never been) pregnant.

### ***Medication history***

My child is currently taking the following medications \_\_\_\_\_ for his/her medical condition.

For mental health issues, my child is taking \_\_\_\_\_ (medication) for \_\_\_\_\_ (months-years) and the current dosage is \_\_\_\_\_. This medication has had (positive benefits - negative effects) as indicated by \_\_\_\_\_.

For mental health issues, my child is taking \_\_\_\_\_ (medication) for \_\_\_\_\_ (months-years) and the current dosage is \_\_\_\_\_. This medication has had (positive benefits - negative effects) as indicated by \_\_\_\_\_.

For mental health issues, my child is taking \_\_\_\_\_ (medication) for \_\_\_\_\_ (months-years) and the current dosage is \_\_\_\_\_. This medication has had (positive benefits - negative effects) as indicated by \_\_\_\_\_.

### ***Abuse history***

In the past my child (has been - has not been) a victim of abuse (physical – sexual – emotional - neglect) by his/her (mother – father - other family members – class mate - unknown stranger). This occurred to my child at the approximate age of \_\_\_\_\_ (years).

**Current Mental Health Concerns**

**Presenting problem**

My child's current mental health concern is \_\_\_\_\_. The severity of this current mental health concern is (mild – moderate – severe - disabling). Please list two observable symptoms of your child's current mental health concern, (for example: crying, poor appetite, intrusive thoughts) \_\_\_\_\_ and \_\_\_\_\_.

**History of presenting problem**

My child's current mental health concern has been in evidence for (weeks – months - years). I (have – have not) addressed my child's mental health concerns with other mental health professionals. If so, please list all previous mental health professionals who have seen my child \_\_\_\_\_ (use separate page if necessary). Previous treatment was obtained (in the last year - a number of years ago – I cannot remember how long ago). My child is currently receiving Psycho-Social Rehabilitation (PSR) Services (and – or) out-patient mental health treatment at \_\_\_\_\_.

**Adequacy of Previous Treatment**

My child's previous treatment, in my estimation proved to be (very - somewhat – only minimally – or not at all) effective. Explain: \_\_\_\_\_.

**Baseline Measure**

Using the following scale with 10 being high and zero being nothing, rank your child's level of the following: depression = \_\_\_\_, anxiety = \_\_\_\_, and irritability/anger = \_\_\_\_, pain = \_\_\_\_.

Generally my child is (outgoing - stays to himself/herself - just like everyone else) when it comes to being sociable.

**Psychiatric history** (circle all those that apply)

My child has a history of: depression – anxiety - hearing things that others say aren't there - lots of thoughts coming at the same time - quick mood changes - poor appetite - sleep related difficulties - energy related difficulties - wishing they were dead - psychiatric hospitalizations - flashbacks of bad things that have happened to them - repetitive thoughts - compulsive behavior, phobias - unusual perceptual experiences - disturbances of consciousness – seizures - blackouts, amnesia - repetitive behaviors to do something or to check something - sexual dysfunction - anger related issues - violent behavior - attending difficulties – distractibility – impulsiveness - poor regulation of mood - &/or \_\_\_\_\_.

**Family psychiatric history**

Based on the biological mother's and biological father's family history, there appears to be (no – some) family history of mental health related issues. In my child's family history there appears to be a history of (depression – anxiety - alcohol abuse - other psychiatric disorders) in the following family members (mother – father – siblings – maternal grandparents – paternal grandparents).

**Substance use**

My child currently smokes cigarettes (yes - no)

My child currently (does – does not) use alcohol, (minimally – moderately - excessively).

Currently I suspect my child is using (alcohol - prescription medications – marijuana – uppers – downers – crank – crack - IV substances) on a (daily-weekly-monthly) basis.

**Where applicable to adult completing this document:**

I am currently (employed - unemployed). If employed I currently work at \_\_\_\_\_.

I have worked at this company for \_\_\_\_\_ (months), \_\_\_\_\_ (years).

I (graduated from high school/college – did not graduate from high school/college – earned a GED).

My overall success academically was (below average – average – above average).

I am currently (single, never married – married – separated - divorced). The quality of my relationship with my child's biological (mother – father) is generally (good – fair - poor).

I have been married (1 – 2 – 3+) times.

I have (no – 1 – 2 – 3 – 4+) children.

*Thank you for taking the time to complete this medical background information.*

Name of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**PURPOSE:**

The YOQ.2 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common in children and adolescents. You may discover that some of the items do not apply to your child's current situation. If so, please do not leave these items blank but circle the "Never or almost never" category. When you begin to complete the YOQ.2 you will see that you can easily make your child look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking for your child.

**DIRECTIONS:**

- Read each statement carefully.
- Decide how true this statement is for your child during the **past 7 days**.
- Circle the number that most accurately describes your child **during the past week**.
- **Circle only one answer for each statement and erase unwanted marks clearly.**

**PLEASE COMPLETE BOTH SIDES**

0	1	2	3	4
Never or almost never true	Rarely true	Sometimes true	Frequently true	Almost always or always true

**My Child:**

- 0 1 2 3 4 **1. Wants to be alone more than other children of the same age.**
- 0 1 2 3 4 **2. Complains of dizziness or headaches.**
- 0 1 2 3 4 **3. Doesn't participate in activities that were previously enjoyable.**
- 0 1 2 3 4 **4. Argues or is verbally disrespectful.**
- 0 1 2 3 4 **5. Is more fearful than other children of the same age.**
- 0 1 2 3 4 **6. Cuts school or is truant.**
- 0 1 2 3 4 **7. Cooperates with rules and expectations.**
- 0 1 2 3 4 **8. Has difficulty completing assignments, or completes them carelessly.**
- 0 1 2 3 4 **9. Complains or whines about things being unfair.**
- 0 1 2 3 4 **10. Experiences trouble with her/his bowels, such as constipation or diarrhea.**
- 0 1 2 3 4 **11. Gets into physical fights with peers or family members.**
- 0 1 2 3 4 **12. Worries and can't get certain ideas off his/her mind.**
- 0 1 2 3 4 **13. Steals or lies.**
- 0 1 2 3 4 **14. Is fidgety, restless, or hyperactive.**
- 0 1 2 3 4 **15. Seems anxious or nervous.**
- 0 1 2 3 4 **16. Communicates in a congenial and appropriate manner.**
- 0 1 2 3 4 **17. Seems tense, easily startled.**
- 0 1 2 3 4 **18. Soils or wets self.**
- 0 1 2 3 4 **19. Is aggressive toward adults.**
- 0 1 2 3 4 **20. Sees, hears, or believes things that are not real.**
- 0 1 2 3 4 **21. Has participated in self-harm (e.g. cutting or scratching self, attempting suicide).**
- 0 1 2 3 4 **22. Uses alcohol or drugs.**
- 0 1 2 3 4 **23. Seems unable to get organized.**
- 0 1 2 3 4 **24. Enjoys relationships with family and friends.**

**PLEASE CONTINUE TO SECOND PAGE**

0	1	2	3	4
Never or almost never true	Rarely true	Sometimes true	Frequently true	Almost always or always true

**My Child:**

- 0 1 2 3 4 25. Appears sad or unhappy.
- 0 1 2 3 4 26. Experiences pain or weakness in muscles or joints.
- 0 1 2 3 4 27. Has a negative, distrustful attitude toward friends, family members, or other adults.
- 0 1 2 3 4 28. Believes that others are trying to hurt him/her even when they are not.
- 0 1 2 3 4 29. Threatens to, or has run away from home.
- 0 1 2 3 4 30. Experiences rapidly changing and strong emotions.
- 0 1 2 3 4 31. Deliberately breaks rules, laws, or expectations.
- 0 1 2 3 4 32. Appears happy with her/himself.
- 0 1 2 3 4 33. Sulks, pouts, or cries more than other children of the same age.
- 0 1 2 3 4 34. Pulls away from family or friends.
- 0 1 2 3 4 35. Complains of stomach pain or feeling sick more than other children of the same age.
- 0 1 2 3 4 36. Doesn't have or keep friends.
- 0 1 2 3 4 37. Has friends of whom I don't approve.
- 0 1 2 3 4 38. Believes that others can hear her/his thoughts, or that s/he can hear the thoughts of others.
- 0 1 2 3 4 39. Engages in inappropriate sexual behavior (e.g. sexually active, exhibits self, sexual abuse towards family members or others).
- 0 1 2 3 4 40. Has difficulty waiting his/her turn in activities or conversations.
- 0 1 2 3 4 41. Thinks about suicide, says s/he would be better off if s/he were dead.
- 0 1 2 3 4 42. Complains of nightmares, difficulty getting to sleep, oversleeping, or waking up from sleep too early.
- 0 1 2 3 4 43. Complains about or challenges rules, expectations, or responsibilities.
- 0 1 2 3 4 44. Has times of unusual happiness or excessive energy.
- 0 1 2 3 4 45. Handles frustration or boredom appropriately.
- 0 1 2 3 4 46. Has fears of going crazy.
- 0 1 2 3 4 47. Feels appropriate guilt for wrongdoing.
- 0 1 2 3 4 48. Is unusually demanding.
- 0 1 2 3 4 49. Is irritable.
- 0 1 2 3 4 50. Vomits or is nauseous more than other children of the same age.
- 0 1 2 3 4 51. Becomes angry enough to be threatening to others.
- 0 1 2 3 4 52. Seems to stir up trouble when bored.
- 0 1 2 3 4 53. Is appropriately hopeful and optimistic.
- 0 1 2 3 4 54. Experiences twitching muscles or jerking movement in face, arms, or body.
- 0 1 2 3 4 55. Has deliberately destroyed property.
- 0 1 2 3 4 56. Has difficulty concentrating, thinking clearly, or attending to tasks.
- 0 1 2 3 4 57. Talks negatively, as though bad things are all his/her fault.
- 0 1 2 3 4 58. Has lost significant amounts of weight without medical reason.
- 0 1 2 3 4 59. Acts impulsively, without thinking of consequences.
- 0 1 2 3 4 60. Is usually calm.
- 0 1 2 3 4 61. Will not forgive her/himself for past mistakes.
- 0 1 2 3 4 62. Lacks energy.
- 0 1 2 3 4 63. Feels that he/she doesn't have any friends, or that no one likes him/her.
- 0 1 2 3 4 64. Gets frustrated and gives up, or gets upset easily.

***Guidelines for Clinical Interpretation***

*The YOQ<sup>®</sup>-2.0 total score quantifies overall level of disturbance. A score of 46 or higher is in the clinical or dysfunctional range. A score under 46 is considered to be in the normal or non-clinical range. The reliable change index for the YOQ<sup>®</sup>-2.0 is 13 points. This means that a patient must change by at least 13 points for that change to be considered clinically significant.*

# Child/Adolescent Clinical Assessment

Name of Child: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Informant: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Referral by: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Parental Objectives: \_\_\_\_\_

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## *I. DEVELOPMENTAL FACTORS*

### *A. Prenatal History*

1. How was your health during pregnancy?

Good \_\_\_\_ (1)  
Fair \_\_\_\_ (2)  
Poor \_\_\_\_ (5)  
Don't know \_\_\_\_

2. How old were you when your child was born?

Under 20 \_\_\_\_ (1)  
20-24 \_\_\_\_ (2)  
25-29 \_\_\_\_ (3)  
30-34 \_\_\_\_ (4)  
35-39 \_\_\_\_ (5)  
40-44 \_\_\_\_ (6)  
Over 44 \_\_\_\_ (7)  
Don't know \_\_\_\_

Do you recall using any of the following substances or medications during pregnancy?

3. Beer or wine

- (1) Never
- (2) Once or twice
- (3) 3-9 times
- (4) 10-19 times
- (5) 20-39 times
- (6) 40+ times

4. Hard liquor

- (1) Never
- (2) Once or twice
- (3) 3-9 times
- (4) 10-19 times
- (5) 20-39 times
- (6) 40+ times

5. Coffee or other caffeine (Cokes, etc.)

- (1) Never
- (2) Once or twice
- (3) 3-9 times
- (4) 10-19 times
- (5) 20-39 times
- (6) 40+ times

6. Cigarettes

- (1) Never
- (2) Once or twice
- (3) 3-9 times
- (4) 10-19 times
- (5) 20-39 times
- (6) 40+ times

7. Did you ingest any of the following substances prior to pregnancy?

- Valium (Lithium, Xanax)
- Tranquilizers
- Anti-seizure medications (e.g. Dilantin)
- Treatment for diabetes
- Antibiotics (for viral infections)
- Sleeping pills
- Other (please specify): \_\_\_\_\_

*B. Perinatal History*

8. Did you have toxemia or eclampsia?

- No \_\_\_\_ (0)
- Yes \_\_\_\_ (1)
- Don't know \_\_\_\_

9. Was there Rh factor incompatibility?

- No \_\_\_\_ (0)
- Yes \_\_\_\_ (1)
- Don't know \_\_\_\_

10. Was (s)he born on schedule?

- 8 mo. Or earlier \_\_\_\_ (1)
- Term 08-10 mo. \_\_\_\_ (2)
- 10 mo. \_\_\_\_ (3)
- Don't know \_\_\_\_

11. What was the duration of labor? Under 6 hours \_\_\_\_ (1)

- 7-12 hours \_\_\_\_ (2)
- 13-18 hour \_\_\_\_ (3)
- 19-24 hours \_\_\_\_ (4)
- Over 24 hours \_\_\_\_ (5)
- Don't know \_\_\_\_



12. Were you given any drugs to ease the pain during labor?  
 Name of Drug: \_\_\_\_\_  
 No \_\_\_ (0)  
 Yes \_\_\_ (1)  
 Don't know \_\_\_

13. Were there indications of fetal distress during labor or during birth?  
 No \_\_\_ (0)  
 Yes \_\_\_ (1)  
 Don't know \_\_\_

14. Was delivery Normal? No \_\_\_ (0)  
 Yes \_\_\_ (1)  
 Breech? No \_\_\_ (0)  
 Yes \_\_\_ (1)  
 Caesarean? No \_\_\_ (0)  
 Yes \_\_\_ (1)  
 Forceps? No \_\_\_ (0)  
 Yes \_\_\_ (1)  
 Induced? No \_\_\_ (0)  
 Yes \_\_\_ (1)

15. What was the child's birth weight?  
 2 lb.-3 lb. 15 oz. \_\_\_ (1)  
 4 lb.-5 lb. 15 oz. \_\_\_ (2)  
 6 lb.-7 lb. 15 oz. \_\_\_ (3)  
 8 lb.-9 lb. 15 oz. \_\_\_ (4)  
 10 lb.-11 lb. 15 oz. \_\_\_ (5)  
 Don't know \_\_\_

16. Were there any health complications following birth?  
 No \_\_\_ (0)  
 If yes, specify: \_\_\_\_\_ Yes \_\_\_ (1)

*C. Postnatal Period & Infancy*

17. Were there early infancy feeding problems?  
 No \_\_\_ (0)  
 Yes \_\_\_ (1)

18. Was the child colicky?  
 No \_\_\_ (0)  
 Yes \_\_\_ (1)

19. Were there early infancy sleep pattern difficulties?  
 No \_\_\_ (0)

- Yes\_\_\_ (1)
20. Were there problems with the infant's responsiveness (alertness)? No\_\_\_ (0)  
Yes\_\_\_ (1)
21. Did the child experience any health problems during infancy? No\_\_\_ (0)  
Yes\_\_\_ (1)
- Did the child experience any high fevers during infancy? No\_\_\_ (0)  
Yes\_\_\_ (1)
22. Did the child have any congenital problems? No\_\_\_ (0)  
Yes\_\_\_ (1)
23. Was the child an easy baby? By that I mean did (s)he cry a lot? Did (s)he follow a  
schedule fairly well? Very easy\_\_\_ (0)  
Easy\_\_\_ (1)  
Average\_\_\_ (2)  
Difficult\_\_\_ (3)  
Very difficult\_\_\_ (4)
24. How did the baby behave with other people? More sociable than average\_\_\_ (1)  
Average sociability\_\_\_ (2)  
More unsociable than average\_\_\_ (3)
25. When (s)he wanted something, how insistent was (s)he? Very insistent\_\_\_ (0)  
Pretty insistent\_\_\_ (1)  
Average\_\_\_ (2)  
Not very insistent\_\_\_ (4)  
Not at all insistent\_\_\_ (5)
26. How would you rate the activity level of the child? Very active\_\_\_ (1)  
Active\_\_\_ (2)  
Average\_\_\_ (3)  
Less active\_\_\_ (4)  
Not active\_\_\_ (5)
27. At what age did (s)he sit up? 3-6 mo. \_\_\_ (1)  
7-12 mo. \_\_\_ (2)  
Over 12 mo. \_\_\_ (3)  
Don't know\_\_\_

28. At what age did (s)he crawl? 6-12 mo.\_\_\_\_ (1)  
13-18 mo.\_\_\_\_ (2)  
Over 12 mo.\_\_\_\_ (3)  
Don't know\_\_\_\_
29. At what age did (s)he walk? Under 1 yr.\_\_\_\_ (1)  
1-2 yr.\_\_\_\_ (2)  
2-3 yr.\_\_\_\_ (3)  
Don't know\_\_\_\_
30. At what age did (s)he speak single words(other than "mama" or "dada")? 9-13 mo.\_\_\_\_ (1)  
14-18 mo.\_\_\_\_ (2)  
19-24 mo.\_\_\_\_ (3)  
25-36 mo.\_\_\_\_ (4)  
37-48 mo.\_\_\_\_ (5)  
Don't know\_\_\_\_
31. At what age did (s)he string two or more words together? 9-13 mo.\_\_\_\_ (1)  
14-18 mo.\_\_\_\_ (2)  
19-24 mo.\_\_\_\_ (3)  
25-36 mo.\_\_\_\_ (4)  
37-48 mo.\_\_\_\_ (5)  
Don't know\_\_\_\_
32. At what age was (s)he toilet-trained? (bladder control)? Under 1 yr.\_\_\_\_ (1)  
1-2 yr.\_\_\_\_ (2)  
2-3 yr.\_\_\_\_ (3)  
3-4 yr.\_\_\_\_ (4)  
Don't know\_\_\_\_
33. At what age was (s)he toilet-trained? (bowel control)? Under 1 yr.\_\_\_\_ (1)  
1-2 yr.\_\_\_\_ (2)  
2-3 yr.\_\_\_\_ (3)  
3-4 yr.\_\_\_\_ (4)  
Don't know\_\_\_\_
34. Approximately how much time did toilet training take from onset to completion? Less than 1 mo.\_\_\_\_ (1)  
1-2 mo.\_\_\_\_ (2)  
2-3 mo.\_\_\_\_ (3)  
More than 3 mos.\_\_\_\_ (4)



43. Which of the following illnesses has the child had? (For the following, Y/N)

Mumps	_____
Whooping cough	_____
Measles	_____
Chicken pox	_____
Scarlet fever	_____
Pneumonia	_____
Encephalitis	_____
Otitis media	_____
Lead poisoning	_____
Seizures	_____

Other diseases (specify): \_\_\_\_\_

44. Has the child had any accidents resulting in the following? (Y/N)

Broken bones	_____
Severe lacerations	_____
Head injury	_____
Severe bruises	_____
Stomach pumped	_____
Eye injury	_____
Lost teeth	_____
Sutures	_____

45. How many accidents?

One	_____	(1)
2-3	_____	(2)
4-7	_____	(3)
8-12	_____	(4)
Over 12	_____	(5)

46. Has (s)he ever had surgery for any of the following?

(Y/N)

Tonsillitis	_____
Adenoids	_____
Hernia	_____
Appendicitis	_____
Eye, ear, nose, throat	_____
Digestive disorder	_____
Urinary tract	_____
Leg or arm	_____
Burns	_____
Other	_____

47. How many times?

Once	_____	(1)
Twice	_____	(2)
3-5	_____	(3)
6-8	_____	(4)
Over 8	_____	(5)

48. Duration of hospitalization? One day\_\_\_(1)  
 One day + one night\_\_\_(2)  
 2-3 days\_\_\_(3)  
 4-6 days\_\_\_(4)  
 1-4 weeks\_\_\_(5)  
 1-2 mo. \_\_\_(6)  
 Over 2 months\_\_\_(7)
49. Is there any suspicion of alcohol or drug use? No\_\_\_ (0)  
 Yes\_\_\_ (1)  
 Don't know\_\_\_
50. Is there any history of physical/sexual abuse? No\_\_\_ (0)  
 Yes\_\_\_ (1)  
 Don't know\_\_\_
51. Does the child have any problems sleeping? None\_\_\_ (0)  
 Difficulty falling asleep\_\_\_ (1)  
 Sleep continuity disturbance\_\_\_ (2)  
 Early morning awakening\_\_\_ (3)
52. Is the child a restless sleeper? No\_\_\_ (0)  
 Yes\_\_\_ (1)  
 Don't know\_\_\_
53. Does the child have bladder problems at night? No\_\_\_ (0)  
 Yes\_\_\_ (1)  
 If yes, how often?\_\_\_\_\_
- If yes, was (s)he ever continent at night? No\_\_\_ (0)  
 Yes\_\_\_ (1)  
 If yes, how often?\_\_\_\_\_
- If yes, was (s)he ever continent during the day? No\_\_\_ (0)  
 Yes\_\_\_ (1)  
 If yes, how often?\_\_\_\_\_
54. Does the child have any appetite control problems? Overeats\_\_\_(1)  
 Average\_\_\_(2)  
 Under eats\_\_\_(3)

*III. TREATMENT HISTORY*

55. Has the child ever been prescribed any of the following?

(Y/N)

Ritalin	_____	Tranquilizers	_____
Duration of use	_____	Duration of use	_____
Dexedrine	_____	Anticonvulsant	_____
Duration of use	_____	Duration of use	_____
Cylert	_____	Antihistamines	_____
Duration of use	_____	Duration of use	_____
Other prescription drugs	_____		
Duration of use	_____		

56. Has the child ever had any of the following forms of psychological treatment? If so, how long did it last? (0=No; 01=Yes)

Individual psychotherapy \_\_\_\_\_  
Duration of therapy \_\_\_\_\_  
Group psychotherapy \_\_\_\_\_  
Duration of therapy \_\_\_\_\_  
Family therapy with child \_\_\_\_\_  
Duration of therapy \_\_\_\_\_  
Inpatient evaluation/Rx \_\_\_\_\_  
Duration of stay \_\_\_\_\_  
Residential treatment \_\_\_\_\_  
Duration of placement \_\_\_\_\_

*IV. SCHOOL HISTORY*

Please summarize the child's progress (e.g. academic, social, testing) within each of these grade levels:

Preschool:

Kindergarten:

Grades 1 through 3:

Grades 4 through 6:

Grades 7 through 12:

57. Has the child ever been in any type of special educational program, and if so, how long?
- |                                      |       |
|--------------------------------------|-------|
| Learning disabilities class          | _____ |
| Duration of placement                | _____ |
| Resource room                        | _____ |
| Duration of placement                | _____ |
| Speech/language therapy              | _____ |
| Duration of therapy                  | _____ |
| Behavioral/emotional disorders class | _____ |
| Duration of placement                | _____ |
| Other (specify)                      | _____ |
| Duration                             | _____ |

58. Has the child ever been:
- |                       |       |
|-----------------------|-------|
| Suspended from school | _____ |
| Number of suspensions | _____ |
| Expelled from school  | _____ |
| Number of expulsions  | _____ |
| Retained in grade     | _____ |
| Number of retentions  | _____ |

59. Have any addition instructional modifications been attempted?
- None \_\_\_\_ (0)
- Daily/weekly report card \_\_\_\_ (1)
- Behavior modification program \_\_\_\_ (2)

**V. SOCIAL HISTORY**

60. How does the child get along with his/her siblings?
- Doesn't have any \_\_\_\_ (0)
- Better than average \_\_\_\_ (1)
- Average \_\_\_\_ (2)
- Worse than average \_\_\_\_ (3)

61. How easily does the child make friends?
- Easier than average \_\_\_\_ (1)
- Average \_\_\_\_ (2)
- Worse than average \_\_\_\_ (3)
- Don't know \_\_\_\_

62. On the average, how long does your child keep friendships?
- Less than 6 months \_\_\_\_ (1)
- 6 months-1 year \_\_\_\_ (2)
- More than 1 year \_\_\_\_ (3)
- Don't know \_\_\_\_ (4)



**VI. CURRENT BEHAVIORAL CONCERNS**

Please list your primary concerns about behavior and any other related ones: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

63. What strategies have been implemented to address these problems? (Check those that have been successful)

- Verbal reprimands \_\_\_\_ (1)
- Time out (isolation) \_\_\_\_ (2)
- Removal of privileges \_\_\_\_ (3)
- Rewards \_\_\_\_ (4)
- Physical punishment \_\_\_\_ (5)
- Acquiescence to child \_\_\_\_ (6)
- Avoidance of child \_\_\_\_ (7)

64. On the average, what percentage of the time does your child comply with initial commands?

- 0-20% \_\_\_\_ (1)
- 20-40% \_\_\_\_ (2)
- 40-60% \_\_\_\_ (3)
- 60-80% \_\_\_\_ (4)
- 80-100% \_\_\_\_ (5)

65. On the average, what percentage of the time does your child eventually comply commands?

- 0-20% \_\_\_\_ (1)
- 20-40% \_\_\_\_ (2)
- 40-60% \_\_\_\_ (3)
- 60-80% \_\_\_\_ (4)
- 80-100% \_\_\_\_ (5)

66. To what extent are you and your spouse consistent with respect to disciplinary strategies?

- Most of the time \_\_\_\_ (1)
- Some of the time \_\_\_\_ (2)
- None of the time \_\_\_\_ (3)

67. Have any of the following stress events occurred within the past 12 months?

- Parents divorced or separated \_\_\_\_ (1)
- Family accident or illness \_\_\_\_ (2)
- Death in family \_\_\_\_ (3)
- Parent changed jobs \_\_\_\_ (4)
- Changed schools \_\_\_\_ (5)
- Family moved \_\_\_\_ (6)
- Family financial problems \_\_\_\_ (7)
- Other (please specify) \_\_\_\_ (8)

**VII. DIAGNOSTIC CRITERIA**

68. Which of the following are considered to be a significant problem at the present?  
(Y/N)

- Fidgets \_\_\_\_\_
  - Difficulty remaining seated \_\_\_\_\_
  - Easily distracted \_\_\_\_\_
  - Difficulty awaiting turn \_\_\_\_\_
  - Often blurts out answers to questions  
before they have been completed \_\_\_\_\_
  - Difficulty following instruction \_\_\_\_\_
  - Difficulty sustaining attention \_\_\_\_\_
  - Shifts from one activity to another \_\_\_\_\_
  - Difficulty playing quietly \_\_\_\_\_
  - Often talks excessively \_\_\_\_\_
  - Often interrupts or intrudes on others \_\_\_\_\_
  - Often does not listen \_\_\_\_\_
  - Often loses things \_\_\_\_\_
  - Often engages in physically  
dangerous activities \_\_\_\_\_
- TOTAL FOR ADHD \_\_\_\_\_ (8 or more)

69. When did these problems begin? (specify age): \_\_\_\_\_

70. Which of the following are considered to be a significant problem at the present?  
(0=No; 1=Yes)

- Often loses temper \_\_\_\_\_
  - Often argues with adults \_\_\_\_\_
  - Often actively defies or refuses adult  
requests or rules \_\_\_\_\_
  - Often deliberately does things that annoy  
other people \_\_\_\_\_
  - Often blames others for own mistakes \_\_\_\_\_
  - Is often touchy or easily annoyed by  
others \_\_\_\_\_
  - Is often angry or resentful \_\_\_\_\_
- TOTAL FOR OPPOSITIONAL  
DEFIANT DISORDER \_\_\_\_\_ (5 or more)

71. When did these problems begin? (specify age): \_\_\_\_\_

72. Which of the following are considered to be a significant problem at the present? (Y/N)

- Stolen without confrontation \_\_\_\_\_
- Often lies \_\_\_\_\_
- Has run away from home overnight at least twice? \_\_\_\_\_
- Has deliberately set fires \_\_\_\_\_
- Often truant \_\_\_\_\_
- Breaking and entering \_\_\_\_\_
- Destroyed others' property \_\_\_\_\_
- Cruel to animals \_\_\_\_\_
- Forced someone else into sexual activity \_\_\_\_\_
- Used a weapon in a fight \_\_\_\_\_
- Often initiates physical fights \_\_\_\_\_
- Stolen with confrontation \_\_\_\_\_
- Physically cruel to people \_\_\_\_\_

**TOTAL FOR CONDUCT**

**DISORDER \_\_\_\_\_ (3 or more)**

73. When did these problems begin? (specify age): \_\_\_\_\_

74. Which of the following are considered to be a significant problem at the present time? (Y/N)

- Unrealistic and persistent worry about possible harm to attachment figures \_\_\_\_\_
- Unrealistic and persistent worry that a calamitous event will separate the child from attachment figures \_\_\_\_\_
- Persistent school refusal \_\_\_\_\_
- Persistent refusal to sleep alone \_\_\_\_\_
- Persistent avoidance of being alone \_\_\_\_\_
- Repeated nightmares regarding separation \_\_\_\_\_
- Physical complaints \_\_\_\_\_
- Excessive distress in anticipation of separation from home or attachment figures \_\_\_\_\_

**TOTAL FOR SEPARATION**

**ANXIETY DISORDER \_\_\_\_\_ (3 or more)**

75. When did these problems begin? (specify age): \_\_\_\_\_

76. Which of the following are considered to be a significant problem at the present? (Y/N)

- Unrealistic worry about future events \_\_\_\_\_
- Physical complaints \_\_\_\_\_
- Unrealistic concerns about appropriateness of past behaviors \_\_\_\_\_
- Marked self-consciousness \_\_\_\_\_
- Excessive need for reassurance \_\_\_\_\_
- Unrealistic concern about competence \_\_\_\_\_
- TOTAL FOR OVERANXIOUS DISORDER \_\_\_\_\_ (4 or more)**

77. When did these problems begin? (specify age): \_\_\_\_\_

78. Which of the following are considered to be a significant problem at the present?  
(0=No; 1=Yes)

- Depressed or irritable mood most of the day nearly every day \_\_\_\_\_
- Diminished pleasure in activities \_\_\_\_\_
- Decrease or increase in appetite associated with possible failure to gain weight \_\_\_\_\_
- Fatigue or loss of energy \_\_\_\_\_
- Feelings of worthlessness or excessive inappropriate guilt \_\_\_\_\_
- Sleeping too much or too little nearly every day \_\_\_\_\_
- Diminished ability to concentrate \_\_\_\_\_
- Talking about or attempting suicide \_\_\_\_\_
- Moving about restlessly or moving around too little \_\_\_\_\_

**TOTAL FOR MAJOR DEPRESSIVE DISORDER(items 3-9)\_\_\_\_\_ (5 or more)**

79. When did these problems begin? (specify age) \_\_\_\_\_

80. Which of the following are considered to be a significant problem at the present? (Y/N)

- Depressed or irritable mood most of the day for several months \_\_\_\_\_
- Decrease or increase in appetite \_\_\_\_\_
- Fatigue or loss of energy \_\_\_\_\_
- Feelings of hopelessness \_\_\_\_\_
- Sleeping too much or too little nearly every day \_\_\_\_\_
- Poor concentration or difficulty making decisions \_\_\_\_\_
- Never without symptoms for more than 2 months for over a year \_\_\_\_\_
- Low self-esteem \_\_\_\_\_

**TOTAL FOR DYSTHYMIA (items 2-7) \_\_\_\_\_ (2 or more)**

81. When did these problems begin? (specify age) \_\_\_\_\_

**VIII. OTHER CONCERNS**

82. Does the child consistently exhibit any of these symptoms? (Y/N)
- Vocal tics \_\_\_\_\_
  - Odd postures \_\_\_\_\_
  - Overreacts to touch \_\_\_\_\_
  - Excessive reaction to noise or fails to react to loud noises \_\_\_\_\_
  - Compulsive rituals \_\_\_\_\_
  - Motor tics \_\_\_\_\_
  - TOTAL \_\_\_\_\_

Other (please explain): \_\_\_\_\_  
\_\_\_\_\_

83. Has the child consistently exhibited any symptoms of thought disturbance, including: (Y/N)
- Bizarre ideas (e.g. delusions, fascinations, hallucinations) \_\_\_\_\_
  - Incoherent speech (mumbling or using jargon) \_\_\_\_\_
  - Being disoriented, confused, "spacey," staring \_\_\_\_\_
  - Loose thinking (e.g. difficulty expressing himself either by talking incessantly about unrelated issues or talking "around" a subject instead of addressing the topic) \_\_\_\_\_
  - TOTAL \_\_\_\_\_

84. Has the child exhibited any symptoms of affective disturbance, including: (Y/N)
- Explosive temper with little provocation \_\_\_\_\_
  - Excessive clinging, attachment or dependence on adults \_\_\_\_\_
  - Unusual fears \_\_\_\_\_
  - Strange aversions \_\_\_\_\_
  - Panic attacks \_\_\_\_\_
  - Excessively constricted or bland affect(no emotion) \_\_\_\_\_
  - Emotions inappropriate to the situation \_\_\_\_\_
  - Excessive mood changes inappropriate to the environment \_\_\_\_\_
  - TOTAL \_\_\_\_\_

85. Has the child exhibited any symptoms of social conduct disturbance, including: (Y/N)

- Little or no interest in peers \_\_\_\_\_
- Significantly indiscreet remarks \_\_\_\_\_
- Initiates or terminates interactions inappropriately \_\_\_\_\_
- Self-mutilation \_\_\_\_\_
- Excessive reaction to changes in routine \_\_\_\_\_
- Abnormalities of speech \_\_\_\_\_
- Reacts inappropriately in social situations \_\_\_\_\_
- TOTAL** \_\_\_\_\_

86. How long have you and the child's father/mother been married?  
(Please note whether the child is from the 1<sup>st</sup> marriage, 2<sup>nd</sup>, etc.)

- Never were married \_\_\_\_\_ (0)
- Separated \_\_\_\_\_ (1)
- Divorced \_\_\_\_\_ (2)
- Widowed \_\_\_\_\_ (3)
- Married for \_\_\_\_\_ years \_\_\_\_\_ (4)

87. How stable is your current marriage?

- Stable \_\_\_\_\_ (1)
- Unstable \_\_\_\_\_ (2)

**THIS SHEET IS ABOUT THE PATIENT'S FATHER (paternal relatives):**

0=No;            1=Yes

	Father's Siblings							Total
	Father	Father's Father	Father's Mother	Bro	Bro	Sis	Sis	
<b>Problems with aggressive, defiance, &amp; oppositional behavior as a child.</b>								
<b>Problems with attention, activity, &amp; impulse control as a child.</b>								

<b>Learning disabilities.</b>								
<b>Failed to graduate from high school.</b>								
<b>Mental retardation.</b>								
<b>Psychosis or schizophrenia</b>								
<b>Depression for more than 2 weeks.</b>								
<b>Anxiety disorder that impaired adjustment.</b>								
<b>Tics or Tourette's</b>								
<b>Alcohol abuse</b>								
<b>Substance abuse</b>								
<b>Antisocial behavior (assaults, thefts, etc.)</b>								
<b>Arrests</b>								
<b>Physical abuse</b>								
<b>Sexual abuse</b>								
<b>Periods of Euphoria, excitability, decrease need for sleep or mania</b>								

**THIS SHEET IS ABOUT THE PATIENT'S MOTHER (maternal relatives):**

0=No;	1=Yes
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Mother's Siblings
-------------------

	<b>Mother</b>	<b>Mother's Father</b>	<b>Mother's Mother</b>	<b>Bro</b>	<b>Bro</b>	<b>Sis</b>	<b>Sis</b>	<b>Total</b>
<b>Problems with aggressive, defiance, &amp; oppositional behavior as a child.</b>								
<b>Problems with attention, activity, &amp; impulse control as a child.</b>								
<b>Learning disabilities.</b>								
<b>Failed to graduate from high school.</b>								
<b>Mental retardation.</b>								
<b>Psychosis or schizophrenia</b>								
<b>Depression for more than 2 weeks.</b>								
<b>Anxiety disorder that impaired adjustment.</b>								
<b>Tics or Tourette's</b>								
<b>Alcohol abuse</b>								



<b>Substance abuse</b>								
<b>Antisocial behavior (assaults, thefts, etc.)</b>								
<b>Arrests</b>								
<b>Physical abuse</b>								
<b>Sexual abuse</b>								
<b>Periods of Euphoria, excitability, decrease need for sleep or mania</b>								

**THIS SHEET IS ABOUT THE PATIENT'S SIBLINGS:**

0=No;      1=Yes
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	<b>Patient's Brother</b>	<b>Patient's Brother</b>	<b>Patient's Sister</b>	<b>Patient's Sister</b>	<b>Total</b>
<b>Problems with aggressiveness, defiance, &amp; oppositional behavior as a child.</b>					
<b>Problems with attention, activity, &amp; impulse control as a child.</b>					
<b>Learning disabilities.</b>					
<b>Failed to graduate from high school.</b>					
<b>Mental retardation.</b>					
<b>Psychosis or schizophrenia</b>					
<b>Depression for more than 2 weeks.</b>					
<b>Anxiety disorder that impaired adjustment.</b>					
<b>Tics or Tourette's</b>					
<b>Alcohol abuse</b>					
<b>Substance abuse</b>					
<b>Antisocial behavior (assaults, thefts, etc.)</b>					
<b>Arrests</b>					
<b>Physical abuse</b>					
<b>Sexual abuse</b>					
<b>Periods of Euphoria, excitability, decrease need for sleep or mania</b>					

## Maternal Distress Scale

On the lines below are events or situations that may have occurred prior, during your pregnancy or following deliver. Please circle the item for the child that is being evaluated at Dr. Kracke & Associates, P.A.

Parent's Name: \_\_\_\_\_

Child's Name being evaluated: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### MPS Item

The number of pregnancies prior

None

1

2

3

4

Vaginal bleeding during pregnancy

1 none

2 some near end of pregnancy

3 some at beginning of pregnancy

4 a good deal throughout

Type of anesthesia

1 anesthesia injected into the spine

2 inhaled general anesthesia

3 injected general anesthesia

4 local anesthetic

5 none

Child's weight at birth

1 less than 3lbs.

2 3lbs., 1 oz. to 4lbs.

3 4lbs., 1 oz. to 5lbs.

4 5lbs., 1 oz. to 6lbs.

5 more than 6lbs.

Maternal Stress

1 very little

2 moderate amount

3 a good deal throughout

Child born after how many months

1 6

2 7

3 8

4 9

5 greater than 9 months

6 not sure

Length of labor

1 1-2 hours

2 3-5 hours

3 6-10 hours

4 11-16 hours

5 more than 16 hours

Maternal weight gain

- 1 less than 10 lbs.
- 2 11-15 lbs.
- 3 16-25 lbs.
- 4 26-35 lbs.
- 5 36-45 lbs.
- 6 in excess of 46 lbs.

Mother's age

- 1 under 15 years
- 2 15-19 years
- 3 20-29 years
- 4 30-34 years
- 5 35-39 years
- 6 over 40 years

Prenatal care obtained

- 1 months 1-3
- 2 months 4-6
- 3 months 7-8
- 4 after 8<sup>th</sup> month

Maternal swelling

- 1 minimal
- 2 some near the end of pregnancy
- 3 some near the beginning of pregnancy
- 4 a good deal throughout

Labor induced

- 1 no
- 2 yes --prior to the ninth month
- 3 yes --after ninth month

Forceps used

- 1 no forceps were necessary
- 2 yes, forceps were used 1
- 3 not sure, birth was cesarean
- 4 not sure

Planned pregnancy

- 1 carefully planned for
- 2 not planned but pleased
- 3 not planned & unhappy w/news
- 4 unplanned and unmarried

Multiple pregnancy

- 1 yes --twins
- 2 yes --triplets or more
- 3 no

Medication taken during pregnancy

- 1 prescribed vitamins and/or iron
- 2 drugs to reduce tension
- 3 water loss medication
- 4 aspirin on at least a weekly basis
- 5 other
- 6 no medication was taken

Presentation of the baby

- 1 feet first presentation (breech birth)
- 2 head first presentation
- 3 side presentation
- 4 no reason to believe different

Time between water break/labor

- 1 medication needed to induce labor
- 2 contractions began prior or at the time
- 3 began naturally < two hours
- 4 began naturally > two hours
- 5 not sure

Color of child after birth

- 1 yes, some blue
- 2 no

Gynecological surgery prior

- 1 surgery necessary to correct infertility
- 2 surgery necessary during pregnancy
- 3 prior therapeutic abortion
- 4 prior voluntary abortion
- 5 surgery necessary 2 years + prior
- 6 episiotomy for previous baby
- 7 no history of surgery

Prior pregnancies

- 1 none
- 2 one+ full term stillbirth or neonatal death
- 3 one or more resulting in normal birth
- 4 one + spontaneous abort/(miscarriage)

Cigarette use during pregnancy

- 1 none
- 2 1 to 10
- 3 11 to 20
- 4 21 to 30
- 5 more than 30

Average alcohol per day

- 1 none
- 2 1 to 2 drinks
- 3 3 to 4 drinks
- 4 more than 5 drinks

Maternal high blood pressure

- 1 Blood pressure was normal
- 2 Blood pressure was high at end
- 3 Had high bp, weight gain, swelling,
- 4 Was told preeclampsia, hospitalized

Rh incompatibility

- 1 No "Rh problems" were reported
- 2 This was 2+ child born Rh problems.
- 3 I was hospitalized / took medication
- 4 Child have anemia following birth.

Thank You