

Solara Psychological



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Child Information and History

Child's Name _____ Date _____

Parent/Guardian Tel: (home) _____ (work) _____

Age _____ Birthdate _____ Religion (optional) _____

Sex _____ Ethnic or racial background _____

Grade and school _____

Hand child uses for writing or drawing: Right ☐ Left ☐ Switches between them ☐

Primary language _____ Secondary language _____

Previous diagnosis (1) _____

If any (2) _____

Who referred the child to our office? _____

Briefly describe the problem: _____

What specific concerns do you have?

(1) _____

(2) _____

(3) _____

THIS FORM HAS BEEN COMPLETED BY:

Name _____ Relationship to child _____

Address _____

Phone (H) _____ (W) _____

SYMPTOM SURVEY

For each symptom that applies to the child, place a check. Compare the child to other children of the same age. Add any helpful comments next to the item.

1) PROBLEM SOLVING

- ☐ Difficulty figuring out how to do new things
- ☐ Difficulty making decisions
- ☐ Difficulty planning ahead
- ☐ Difficulty solving problems a younger child can do
- ☐ Disorganized in his/her approach to problems
- ☐ Difficulty understanding explanations
- ☐ Difficulty doing things in the right order (sequencing)
- ☐ Difficulty verbally describing the steps involved in doing something
- ☐ Difficulty changing a plan or activity in a reasonable period of time
- ☐ Is slow to learn new things
- ☐ Difficulty switching from one activity to another activity
- ☐ Easily frustrated
- ☐ Other problem solving difficulties _____

2) SPEECH, LANGUAGE, AND MATH SKILLS

- ☐ Difficulty speaking clearly
- ☐ Difficulty finding the right word to say
- ☐ Not talking
- ☐ Rambles on and on without saying much
- ☐ Jumps from topic to topic
- ☐ Odd or unusual language or vocal sounds
- ☐ Difficulty understanding what others are saying
- ☐ Difficulty in writing letters or words
- ☐ Difficulty reading letters or words
- ☐ Difficulty with spelling
- ☐ Difficulty with math
- ☐ Other speech, language, or math problems: _____

3) SPATIAL SKILLS

- ☐ Confusion telling right from left
- ☐ Has difficulty with puzzles, Legos, blocks, or similar games
- ☐ Problems drawing or copying
- ☐ Doesn't know his/her colors
- ☐ Difficulty dressing (not due to physical difficulty)
- ☐ Problems finding his/her way around places he/she has been before
- ☐ Difficulty recognizing objects
- ☐ Seems unable to recognize facial or body expressions of disapproval or emotions
- ☐ Gets lost easily
- ☐ Other spatial problems: _____

4) AWARENESS AND CONCENTRATION

- ☐ Easily distracted by: Sounds ☐ Sights ☐ Physical sensations ☐
- ☐ Mind appears to go blank at times
- ☐ Loses train of thought
- ☐ Difficulty concentrating on what others say, but can sit in front of a TV for long periods
- ☐ Attention starts out OK but can't keep it up
- ☐ Other attention or concentration problems: _____

5) MEMORY

- ☐ Forgets where he/she leaves things
- ☐ Forgets things that happened recently (e.g., last meal)
- ☐ Forgets things that happened days/weeks ago
- ☐ Forgets what he/she is supposed to be doing
- ☐ Forgets names more than most people do
- ☐ Forgets school assignments
- ☐ Forgets instructions
- ☐ Other memory problems: _____

6) MOTOR AND COORDINATION

Check the side this occurs on:

Right side Left side Both sides

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| ☐ Poor fine motor skills (e.g., using a pencil or crayon) | ☐ | ☐ | ☐ |
| ☐ Clumsy | ☐ | ☐ | ☐ |
| ☐ Weakness | ☐ | ☐ | ☐ |
| ☐ Tremor | ☐ | ☐ | ☐ |
| ☐ Muscles are tight or spastic | ☐ | ☐ | ☐ |
| ☐ Odd movements (posturing, peculiar hand movements, etc.) | ☐ | ☐ | ☐ |
| ☐ Drops things more than most children | ☐ | ☐ | ☐ |
| ☐ Has an unusual walk | ☐ | ☐ | ☐ |
| ☐ Balance problems | ☐ | ☐ | ☐ |
| ☐ Other motor or coordination problems: _____ | | | |

7) SENSORY

Check the side this occurs on:

Right side Left side Both sides

- | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|
| ☐ Needs to squint or move closer to page to read | ☐ | ☐ | ☐ |
| ☐ Problems seeing objects | ☐ | ☐ | ☐ |
| ☐ Loss of feeling | | | |
| ☐ Problems hearing sounds | | | |
| ☐ Difficulty telling hot from cold | | | |
| ☐ Difficulty smelling odors | | | |
| ☐ Difficulty tasting food | | | |
| ☐ Overly sensitive to: | Touch ☐ | Light ☐ | Noise ☐ |
| ☐ Other sensory problems: _____ | | | |

8) PHYSICAL

How Often?

- | | |
|--|-------|
| ☐ Frequently complains of headaches or nausea | _____ |
| ☐ Had dizzy spells | _____ |
| ☐ Has pains in joints Where? _____ | |
| ☐ Excessive tiredness | |
| ☐ Frequent urination or drinking | |
| ☐ Other physical problems: _____ | |

9) BEHAVIOR

- | | |
|---|--|
| ☐ Aggressive | ☐ Nervous |
| ☐ Attached to things, not people | ☐ Nightmares, night terrors, sleepwalks |
| ☐ Bedwetting | ☐ Quiet |
| ☐ Bizarre behavior | ☐ Resists change |
| ☐ Bowel movement in underwear | ☐ Risk-taking |
| ☐ Dependent | ☐ Self-mutilates |
| ☐ Depressed | ☐ Self-stimulates |
| ☐ Eating habits are poor | ☐ Shy and withdrawn |
| ☐ Emotional | ☐ Sleeping habits are poor |
| ☐ Fearful | ☐ Swears a lot |
| ☐ Immature | ☐ Unmotivated |
| ☐ Other unusual behavior: _____ | |

Below check all the descriptions of the child that have been present for at least the **past 6 months**.

These behaviors should occur more frequently than in other children of the same age.

- | | |
|---|--|
| ☐ Is very fidgety | ☐ Steals things without people knowing on several occasions |
| ☐ Can't remain seated | ☐ Often runs away from his parents' home and stays away overnight |
| ☐ Highly distractible | ☐ Easily lies to others |
| ☐ Can't wait for his/her turn when playing with others | ☐ Firesetting |
| ☐ Answers before he/she hears the whole question | ☐ Doesn't go to school |
| ☐ Rarely follows others' instructions | ☐ Breaks into other people's property |

- | | |
|---|---|
| ☐ Has a hard time concentrating for long periods | ☐ Destroys other people's property in some manner other than by fire |
| ☐ Goes from one activity to another without finishing anything | ☐ Seems like he/she is always talking |
| ☐ Frequently makes noise when playing | ☐ Is cruel to animals |
| ☐ Is often rude or interrupts others | ☐ Has forcible sexual relations with others |
| ☐ Doesn't listen to other people | ☐ Starts fights with others |
| ☐ Seems like he/she frequently is losing things that are needed for school | ☐ Will steal directly from people |
| ☐ When fighting, has used a weapon on more than one occasion | ☐ Is cruel to other people |
| ☐ Frequently does dangerous things without considering consequences | |

10) Overall, the child's symptoms have developed: ☐ Slowly ☐ Quickly

11) The symptoms occur: ☐ Occasionally ☐ Often

12) Over the past 6 months the symptoms have: ☐ Stayed about the same ☐ Worsened

PREGNANCY

13) Mother's age at child's birth: _____ Father's age at child's birth: _____

14) Before the pregnancy, what medications (prescribed or over-the-counter) did the mother take?

List all medications used: _____

15) While pregnant, what medications (prescribed or over-the-counter) did the mother take?

List all medications used: _____

16) How often did the mother see her doctor during the pregnancy?

Regularly (as scheduled by the doctor) ☐ Rarely ☐ Not at all ☐

17) During the pregnancy, which of the following did the mother use?

	Amount and Daily Frequency
☐ Alcohol	_____
☐ Caffeine	_____
☐ Marijuana	_____
☐ Recreational drugs (cocaine, heroin, etc.)	_____
☐ Tobacco	_____

18) During the pregnancy, the mother's diet was: Good ☐ Poor ☐

If poor, explain: _____

19) The mother's general physical health during the pregnancy was: Good ☐ Poor ☐

If poor, explain: _____

20) About how much weight did the mother gain while she was pregnant? _____ lbs.

21) During this pregnancy, check all the mother had:

- ☐ Accident
- ☐ Anemia
- ☐ Bleeding (severe or frequent spotting)
- ☐ Diabetes
- ☐ High blood pressure
- ☐ Pelvic irradiation
- ☐ Preeclampsia, eclampsia, or toxemia
- ☐ Psychological problems
- ☐ Surgery
- ☐ Vomiting (severe or frequent)

22) How many pregnancies did the mother have prior to this one?

Number of live births: _____

Number of miscarriages: _____

BIRTH

23) Was this child born:

Early ☐ How early? _____ weeks

On time ☐ (38-42 weeks)

Late ☐ How late? _____ weeks

24) How much did the baby weigh at birth? _____ lbs. _____ oz or _____ gms.

25) How long did the labor last? _____

26) The labor was: Easy ☐ Moderately difficult ☐ Very difficult ☐

27) What type of medication was the mother given to help with the delivery?

None ☐ Demerol ☐ Gas ☐ Regional nerve (spinal block) ☐ Tranquilizer ☐ Epidural ☐

28) Were forceps used during delivery? Yes ☐ No ☐

29) Was the baby born:

Head first ☐ Transverse(crosswise) ☐ Posterior first ☐

Breech birth ☐ Caesarean section ☐ Vacuum extraction ☐

Other: _____

30) Did the baby experience any of these problems:

Fetal distress ☐ Low placenta (Placenta previa) ☐ Prolapsed cord ☐

Premature separation of placenta (Abrupto placenta) ☐ Cord wrapped around neck ☐

31) Describe any other special problems the mother or child had during delivery:

32) At birth, did the baby:

Have difficulty breathing?	Yes ☐	No ☐
Fail to cry?	Yes ☐	No ☐
Appear inactive?	Yes ☐	No ☐

33) List the baby's Apgar scores: 1st _____ 2nd _____

34) If the father or the mother noticed anything unusual when they first saw the baby, describe:

If the baby was born with any problems (congenital defects, large or small head, blue baby, bleeding in brain, etc, describe: _____

Describe any special problems that the baby had in the first few days following birth:

Describe any special care, treatment, or equipment the child was given after birth:

How long did the baby stay in the hospital? _____

DEVELOPMENTAL HISTORY

35) For each area, indicate the child's development by circling one description. The "average" period is only a rough idea of what is average since every developmental milestone actually involves a range of several months (e.g. walking occurs approximately 9-18 months of age). Circle "early" or "late" only if you are sure the child's development was different from that of most other children.

GROSS MOTOR SKILLS

Crawled	Early	Average (6-9 mos)	Late
Walked alone (2-3 steps)	Early	Average (9-18 mos)	Late

LANGUAGE

Followed simple commands	Early	Average (12-18 mos)	Late
Used single-word sentences	Early	Average (12-24 mos)	Late

SELF-HELP

Toilet trained

Early

Average (13-36 mos)

Late

36) List any other significant developmental problems:

37) Overall, the child's development was:

Early ☐

Average ☐

Late ☐

38) As an infant or toddler, did the child have poor muscle control (i.e. weakness) of the:

Neck ☐

Trunk ☐

Legs ☐

Arms ☐

39) As an infant or toddler, did the child's muscles seem to be unusually tight or stiff?

Yes ☐

No ☐

If yes, describe: _____

40) Toilet training was:

Easy ☐

Difficult ☐

41) As an infant or toddler, the child was:

Too calm and inactive ☐

Calm and reasonably active ☐

Irritable and very active ☐

42) As a toddler, the child was:

Shy and inhibited ☐

Neither shy nor outgoing ☐

Very outgoing and liked people ☐

43) Did the child have a poor appetite as a baby? Yes ☐ No ☐

44) Did the child fail to gain weight steadily as a baby? Yes ☐ No ☐

45) List the baby's illnesses or physical problems during the first year:

46) Has the child had a temperature of 104°F (40°C) or higher for more than a few hours?

Yes ☐ No ☐ If yes, what age (s)? _____ and how long did it last? _____

47) Has the child ever been hit hard on the head or suffered a head injury? Yes ☐ No ☐

If yes, what age(s)? _____ Did the child lose consciousness? Yes ☐ No ☐

How did it happen? _____

What problems did the child have (physical or mental) afterwards?

48) Has the child been diagnosed with seizures or epilepsy? Yes ☐ No ☐

If yes, which type? Partial seizure ☐ Generalized seizure ☐ Unclassified type ☐

If medication is used, which medication(s)? _____

Has the child ever had a bad reaction to this medication? Yes ☐ No ☐

If yes, describe: _____

Did the child ever have a seizure due to a fever or unknown cause? Yes ☐ No ☐

If yes, describe (age, nature of seizure): _____

49) Was the child ever in the hospital for an accident, injury or operation? Yes ☐ No ☐

If yes, what age(s)? _____ What happened? _____

50) Has the child ever swallowed any poison, non-food, or drug accidentally? Yes ☐ No ☐

If yes, what age(s)? _____ What happened? _____

51) Did the child have frequent ear infections?

Yes ☐

No ☐

If yes, what age(s)? _____ How often and severe? _____

What treatment was provided? _____

52) Please check all the following diseases or conditions the child has ever had:

- | | | | |
|--|--|---|---|
| ☐ Allergies | ☐ Cerebral palsy | ☐ Jaundice | ☐ Mumps |
| ☐ Anemia | ☐ Chicken pox | ☐ Kidney disorder | ☐ Oxygen deprivation |
| ☐ Asthma | ☐ Colds (excessive) | ☐ Leukemia | ☐ Pneumonia |
| ☐ Bleeding disorder | ☐ Diabetes | ☐ Liver disorder | ☐ Rheumatic fever |
| ☐ Blood disorder | ☐ Encephalitis | ☐ Lung disorder | ☐ Scarlet fever |
| ☐ Brain disorder | ☐ Enzyme deficiency | ☐ Measles | ☐ Tuberculosis |
| ☐ Broken bones | ☐ Genetic disorder | ☐ Meningitis | ☐ Venereal disease |
| ☐ Cancer | ☐ Heart disorder | ☐ Metabolic disorder | ☐ Whooping cough |
| ☐ Other problems: _____ | | | |

53) As the child has been growing up, he/she has been sick:

Much of the time ☐

An average amount ☐

Not much at all ☐

54) List all the medications the child takes now:

Medication

Dosage

How often?

What for?

55) Does the child:

Wear glasses? Yes ☐ No ☐ (Farsighted ☐ Nearsighted ☐ Other ☐)

Use a hearing aid? Yes ☐ No ☐

56) Within the past year, has the child had:

Results

A vision test? Yes ☐ No ☐

A hearing test? Yes ☐ No ☐

57) What is the child's :

Height _____ft. _____in.

Weight: _____lbs.

58) When was the child's last medical check-up? _____

59) What therapies have been provided to the child?

- ☐ No therapies
- ☐ Occupational therapy
- ☐ Physical therapy
- ☐ Psychological therapy, counseling, or cognitive rehabilitation
- ☐ Speech therapy
- ☐ Other therapy: _____

FAMILY HISTORY

60) The child lives with:

- ☐ Biological parent(s) only ☐ Relatives ☐ Foster parents
- ☐ Biological parent and other ☐ Adoptive parents ☐ Institutional care
- ☐ Other placement: _____

61) The family's income is:

- ☐ under \$10,000 ☐ \$10,000-\$29,999 ☐ \$30,000-\$50,000 ☐ over \$50,000

62) What is the name of the child's biological mother? _____

- a. Is she living? Yes ☐ No ☐ If deceased, explain: _____
- b. Her age? _____
- c. What is her level of education? _____
- d. Her occupation? _____
- e. Does she live in the same house as the child? Yes ☐ No ☐
- f. How often does she see the child? _____
- g. How involved is the mother in the child's upbringing? Very ☐ Somewhat ☐ Not at all ☐

h. Did the mother have a learning disability or other problems when she was in school?

Yes ☐ No ☐ If yes, describe: _____

i. What are the mother's hobbies? _____

63) What is the name of the child's biological father? _____

a. Is he living? Yes ☐ No ☐ If deceased, explain: _____

b. His age? _____

c. What is his level of education? _____

d. His occupation? _____

e. Does he live in the same house as the child? Yes ☐ No ☐

f. How often does he see the child? _____

g. How involved is the father in the child's upbringing? Very ☐ Somewhat ☐ Not at all ☐

h. Did the father have a learning disability or other problems when she was in school?

Yes ☐ No ☐ If yes, describe: _____

i. What are the father's hobbies? _____

64) Please list the names, ages, and grade (or job) of the child's brothers and sister:

Name

Age

Grade or job

65) Has anyone in the child's biological family (including parents, grandparents, siblings, aunts & uncles) ever had any of the following:

☐ Brain disease

☐ Developmental delay

☐ Epilepsy or seizures

☐ Learning disability

☐ Intellectual Disabilities

☐ Neurological disease

☐ Psychological problems

☐ Reading or spelling difficulties

☐ Speech or language problems

Which relative?

Describe the problem briefly

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

66) Which of the child's biological relatives are left handed?

No one ☐

Mother ☐

Father ☐

Sibling(s) ☐

Grandparent(s) ☐

67) What languages are spoken in the home? (list in order of the most frequent first)

1) _____ 2) _____

68) How is the child disciplined? _____

69) List the child's usual recreational activities and hobbies: _____

70) Have there been any major family stresses or changes in the past year (e.g. moving with change of school, divorce, significant illness, etc)?

Yes ☐ No ☐ If yes, explain: _____

How much stress have these changes caused the child? (choose one)

None

Mild

Moderate

Severe

SCHOOL HISTORY

71) The child's present school is: Name: _____

Address: _____

Phone: _____ Contact person: _____

72) Was the child ever held back to repeat a grade? Yes ☐ No ☐

If yes, which grade? _____ Why? _____

73) Has the child ever been in a special class or provided with special services (e.g. resource room, EMR, learning disability class, etc.)? Yes ☐ No ☐

If yes, describe the special class: _____

Is the child in this class or receiving special services now? Yes ☐ No ☐

74) Does the child like school? ☐ Most of the time ☐ Some of the time ☐ Almost never

75) Does the child:

Have problems with other children in class?

Yes ☐

No ☐

Have problems making friends in school?

Yes ☐

No ☐

Have problems getting along with teachers?

Yes ☐

No ☐

Tend to get sick in the morning before school?

Yes ☐

No ☐

76) Describe the teacher's concerns about the child's schoolwork or behavior:

77) What kind of grades has the child received in the past year?

A's & B's ☐

B's & C's ☐

C's & D's ☐

D's & F's ☐

or Outstanding ☐

Good ☐

Satisfactory ☐

Improvement needed ☐

Unsatisfactory ☐

or Other grading system: _____

Are these grades a change from previous years?

Yes ☐

No ☐

78) In which subject(s) does the child do best? _____

79) Which subject(s) are the most difficult? _____

80) In the past year, how much school has the child missed due to illness or injury?

Less than 2 weeks ☐

2 to 4 weeks ☐

5 to 8 weeks ☐

Over 8 weeks ☐

Briefly describe the reasons if the child has missed a lot of school: _____

81) Does the child seem to have a "school phobia"?

Yes ☐

No ☐

If yes, explain: _____

PREVIOUS EVALUATIONS

82) Which of these tests or procedures have been done recently? Note any abnormal findings.

Evaluation:	Check here if normal	Abnormal findings
☐ Blood work	☐	_____
☐ Family physician or pediatrician office visit	☐	_____
☐ Hearing testing	☐	_____
☐ Lead level check	☐	_____
☐ Lumbar puncture or spinal tap	☐	_____
☐ Neurological exam or testing	☐	_____
☐ Psychological or neuropsychological testing	☐	_____
☐ School testing	☐	_____
☐ Speech & language testing	☐	_____
☐ Vision testing	☐	_____
☐ X-rays	☐	_____
☐ Other tests:	☐	_____
_____	☐	_____
_____	☐	_____

83) What are the names of the physician, psychologist, school authority, or other professionals we may contact who are most familiar with the child's problems?

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Profession: _____	Profession: _____

Parent of Guardian's signature

Date

THANK YOU FOR TAKING THE TIME TO CAREFULLY COMPLETE THIS QUESTIONNAIRE