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CHILD AND ADOLESCENT HISTORY FORM

PATIENT NAME: _____ DATE: _____

ADDRESS: _____

_____ ZIP CODE: _____

AGE: _____ SEX: _____ DATE OF BIRTH: _____ PEDIATRICIAN _____

GRADE: _____ SCHOOL NAME & LOCATION: _____

PARENT'S NAMES: (1) _____ (2) _____

PARENT 1 HOME#: _____ PARENT 1 CELL# _____

PARENT 1 WORK#: _____ PARENT 1 EMAIL: _____

PARENT 1 SS # _____

PARENT 2 HOME#: _____ PARENT 2 CELL# _____

PARENT 2 WORK#: _____ PARENT 2 EMAIL: _____

PARENTS 2 SS # _____

REFERRED BY: _____

REASONS FOR THIS VISIT: _____

NAME OF PERSON FINANCIALLY RESPONSIBLE _____

HOME ADDRESS _____

CITY & STATE _____ ZIP _____

HOME # _____ BUSINESS # _____

SOCIAL SECURITY # _____ OCCUPATION _____

EMPLOYED BY _____

BUSINESS ADDRESS _____

CITY & STATE _____ ZIP _____

PRESENT STATUS:

1. PHYSICAL DATA:

HEIGHT: _____ WEIGHT: _____ GENERAL HEALTH: _____

APPETITE: _____ SLEEP HABITS: _____

MEDICAL ILLNESSES/CONDITIONS: _____

MEDICATIONS: _____

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. PARENT 1 EDUCATION: _____ **OCCUPATION:** _____

PARENT 2 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(S)? _____

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 IN SCHOOL?

DOES NOT DO HOMEWORK___ STARTS BUT DOES NOT FINISH HOMEWORK___

FAILS TO CHECK/RUSHES THROUGH HOMEWORK ___ FORGETS ASSIGNMENTS___

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. PREGNANCY & DELIVERY

A. COMPLICATIONS: _____

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

C. WEIGHT AT BIRTH: _____ APGAR SCORE: _____

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

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

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

5. INDICATE THE SEQUENCE OF CHILD-CARE ARRANGMENTS SINCE BIRTH: _____

6. DISRUPTIONS IN FAMILY OR CHANGE IN MEMBERS OR HOUSEHOLD. (INDICATE NATURE OF CHANGE AND AGE OF CHILD AT THE TIME): _____

7. DEATHS OR SEPARATIONS FROM IMPORTANT PEOPLE. (INDICATE NATURE OF RELATIONSHIP, TYPE OF PROBLEM AND AGE OF CHILD): _____

8. 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___

STARING/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 HISTORY

| | HISTORY OF MENTAL ILLNESS DEPRESSION OR ANXIETY | ALCOHOL OR DRUG ABUSE | SCHOOL PROBLEMS | EMPLOYMENT PROBLEMS | CHRONIC OR SEVERE HEALTH PROBLEMS |
|----------------------|----------------------------------------------------|-----------------------|-----------------|---------------------|-----------------------------------|
| PARENT 1 | | | | | |
| PARENT 2 | | | | | |
| BROTHER | | | | | |
| BROTHER | | | | | |
| BROTHER | | | | | |
| SISTER | | | | | |
| SISTER | | | | | |
| SISTER | | | | | |
| PARENT 1 GRANDMOTHER | | | | | |
| PARENT 1 GRANDFATHER | | | | | |
| PARENT 2 GRANDMOTHER | | | | | |
| PARENT 2 GRANDFATHER | | | | | |
| STEP-PARENT 1 | | | | | |
| STEP-PARENT 2 | | | | | |
| OTHER | | | | | |
| OTHER | | | | | |