

## Detailed Pediatric History

Exam Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_Male \_\_\_Female

Parent or Legal Guardian Names: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Referred by: \_\_\_\_\_

### Pediatric History

Were there any birth complications?

Premature

No

Yes

  
  
  
  

Forceps/Vacuum

Fetal Alcohol Exposure

NICU

Fetal Drug Exposure

Other: \_\_\_\_\_

No

Yes

  
  
  
  

Is your child **adopted**? \_\_\_No \_\_\_Yes Since what age? \_\_\_\_\_

Is your child a **foster child**? \_\_\_No \_\_\_Yes Since what age? \_\_\_\_\_

Were there any **developmental concerns** or **special circumstances** which might have impacted development? \_\_\_No \_\_\_Yes

If **Yes**, please describe: \_\_\_\_\_

At what age did your child creep and crawl? \_\_\_\_\_ At what age did your child walk? \_\_\_\_\_

Describe any **unusual motor development**? \_\_\_\_\_

Which hand does your child use for: Eating \_\_\_\_\_ Throwing \_\_\_\_\_ Hammering \_\_\_\_\_ Writing \_\_\_\_\_

Which foot does he or she use for: Hopping \_\_\_\_\_ Kicking \_\_\_\_\_ Toe drawing in the sand \_\_\_\_\_

How well is your child performing compared to others his or her age? \_\_\_\_\_

Was early **speech** clear to others? \_\_\_No \_\_\_Yes Is **speech** clear now? \_\_\_No \_\_\_Yes

Check if any of the following **evaluations** have been performed: (If so, please bring a copy of the report to your child's examination)

  

Hearing

Educational Testing for an IEP

  

Auditory Processing

Motor

  

Speech and Language

Neurological

  

Psychological

SOI

### School Related History

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

Age at time of entrance into: Preschool \_\_\_\_\_ Kindergarten \_\_\_\_\_ First grade \_\_\_\_\_

Has **attendance** been regular? \_\_\_No \_\_\_Yes Has any grade been repeated? \_\_\_No \_\_\_Yes If Yes, which grade? \_\_\_\_\_

Who spends a significant time helping your child do his/her homework? \_\_\_\_\_

Describe any tutoring, special classes, or IEP: \_\_\_\_\_

Is your child's **school performance**: Above Average Average Below Average Mixed

Which subjects are **easy** for your child? \_\_\_\_\_

Which subjects are **difficult** for your child? \_\_\_\_\_

Is your child working harder than you think they should in order to do well? \_\_\_No \_\_\_Yes

Did your child have **difficulty learning to read**? \_\_\_No \_\_\_Yes Is reading comfortable and efficient? \_\_\_No \_\_\_Yes

Does he or she like to read? \_\_\_No \_\_\_Yes Does your child prefer to be read to rather than reading on their own? \_\_\_No \_\_\_Yes

Does your child have a **learning disability**? \_\_\_No \_\_\_Yes If Yes, please describe: \_\_\_\_\_

*I have reviewed the Health History on file for accuracy and added to it as necessary. (Doctor's Initials) \_\_\_\_\_*