

PEDIATRIC NEUROPSYCHOLOGY SERVICES, PLLC

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BACKGROUND INFORMATION FORM – CHILD

CHILD INFORMATION

Child's Name:

Date of Birth:

Age:

Person completing this form:

Relationship to child:

REASON FOR REFERRAL

Reason you are requesting this evaluation:

Who referred you to my practice?

PARENT / CAREGIVER IMPRESSIONS

In your opinion, the major cause of your child's difficulties is:

Describe your child's strengths:

Describe your child's weaknesses:

What would your child say are their strengths?

What would your child say are their weaknesses?

FAMILY INFORMATION

Household members (names, ages, relationship, gender):

Parents are ☐ Married ☐ Divorced ☐ Separated ☐ Remarried

Do both parents agree about concerns?

☐ Yes ☐ No ☐ Unsure

Explain:

Any significant family or marital conflict?

☐ Yes ☐ No

Explain:

Has the child experienced death or separation from a loved one?

☐ Yes ☐ No

Explain:

If applicable, what are the custody / living arrangements (please also attach custody agreement):

PREGNANCY AND BIRTH HISTORY

Birth location (city/state/country):

Mother's age at delivery: _____ Father's age: _____

Number of prior pregnancies: _____

Fertility treatment used? ☐ Yes ☐ No

If yes, describe:

Pregnancy complications:

- Vaginal bleeding ☐ Yes ☐ No
- Toxemia/preeclampsia ☐ Yes ☐ No
- Hypertension ☐ Yes ☐ No
- Gestational diabetes ☐ Yes ☐ No
- Depression/emotional concerns ☐ Yes ☐ No

Any other concerns:

Medications / alcohol / tobacco / drugs during pregnancy:

Delivery type: ☐ Vaginal ☐ Cesarean

Reason for c-section if applicable:

Gestational age: ☐ Full term ☐ Premature (_____ weeks)

Birth weight: _____ lb. _____ oz.

Labor complications:

Birth complications (including positioning, meconium staining, blue skin):

Newborn health concerns:

Oxygen needed ☐ Yes ☐ No

NICU ☐ Yes ☐ No **Length of stay in NICU** _____

Hospital discharge age:

Early infancy (check if applicable):

- Fussy/colicky ☐
- Feeding difficulties ☐
- Sleep problems ☐
- Medical complications ☐

Describe:

DEVELOPMENTAL HISTORY

Motor Development

Milestones:

Sat alone: _____ Crawled: _____ Walked: _____

Motor coordination concerns? ☐ Yes ☐ No

Describe:

Handedness: ☐ Right ☐ Left ☐ Mixed

PT or OT services? ☐ Yes ☐ No

Describe reason and ages:

Speech and Language

First words age: _____ **Two-word phrases age:** _____

Speech/language concerns:

Speech therapy received? ☐ Yes ☐ No

Describe reason and ages:

Other languages spoken at home:

Toileting

Age toilet trained: _____

Problems with toileting:

Current accidents? ☐ Yes ☐ No

Describe:

Hygiene concerns:

MEDICATIONS

Current medications (include dose and prescriber information):

MEDICAL HISTORY

Vision checked within last year? ☐ Yes ☐ No

Concerns:

Hearing checked within last year? ☐ Yes ☐ No

Concerns:

Neurological testing (CT/MRI/EEG):

Date(s): _____

Results:

Significant medical history (hospitalizations, injuries, surgeries, concussions):

History of (check if applicable):

- Seizures ☐
- Staring spells ☐
- Head injuries ☐
- Asthma ☐
- Allergies ☐
- Headaches ☐
- Sleep problems ☐
- Tics ☐
- Loss of consciousness ☐

Explain:

FAMILY HISTORY

Learning difficulties in relatives:

Neurological conditions in relatives:

Psychiatric conditions in relatives:

Do any other family members have challenges similar to the child? Explain:

EDUCATIONAL HISTORY

Schools attended (list from preschool and include grades at each school):

Current school:

Current grade:

Any grade retention or skipping? ☐ Yes ☐ No

Explain:

Current placement:

☐ Regular education

☐ Resource programming

☐ Special education

Academic concerns by grade level:

SOCIAL FUNCTIONING

Has friends? ☐ Yes ☐ No

Keeps friends? ☐ Yes ☐ No

Social skills concerns:

Hobbies/interests/sports/extracurricular activities:

Describe relationships with different family members:

PSYCHOLOGICAL HISTORY

Prior testing? ☐ Yes ☐ No

When and name of provider (please attach prior test reports):

Diagnoses given:

Mental health providers seen, dates, and reason:

Psychiatric hospitalization? ☐ Yes ☐ No

Details:

[illegible]