

PAST MEDICATIONS

Name	Dose	Reason for taking	When started	Why stopped

CURRENT MEDICATIONS

Name	Dose	Reason for taking	When started

FAMILY INFORMATION

Is there any psychiatric illness in the family? Yes No

Explain: _____

Who lives in the same household as the child?

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Are the child's parents: Married Divorced Separated
 Never married Deceased (mother/father)

Has there been any abuse of this child?

Physical: Yes No

Emotional: Yes No

Sexual: Yes No

Neglect: Yes No

If yes, please briefly explain: _____

Who has legal custody? _____

Has this child ever been in foster care? _____

Signature of parent or guardian

Date

**UW HEALTH
CHILD, ADOLESCENT AND FAMILY INFORMATION**

Child's name: _____ Date of birth: _____

Referring provider: _____ Pediatrician: _____

School: _____ Grade: _____

Name of person completing form: _____ Relationship: _____

Reason for seeking help:

Previous counseling or treatment: Yes No

Inpatient Outpatient Other: _____

If yes, please describe including therapist/doctor, outcome and dates of treatment: _____

Has this child ever harmed or threatened to harm themselves? Yes No

If yes, please explain: _____

Is there a history of legal action related to this child such as custody/visitation issues, probation, adoption or child protective services? Yes No

- | | | |
|--|--|--|
| <input type="checkbox"/> fighting | <input type="checkbox"/> learning disabilities | <input type="checkbox"/> behavior problems |
| <input type="checkbox"/> suspension | <input type="checkbox"/> incomplete homework | <input type="checkbox"/> detention |
| <input type="checkbox"/> gang Influence | <input type="checkbox"/> drugs/alcohol | <input type="checkbox"/> poor grades |
| <input type="checkbox"/> lack of friends | <input type="checkbox"/> poor attendance | |

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PRENATAL AND DEVELOPMENTAL

PREGNANCY

Y N Full-term? If not, how many weeks? _____

Y N Any complications or physical injuries during pregnancy? Describe:

Y N Was mother on any medication? Specify:

Y N Was mother exposed to alcohol, drugs, smoking or toxic substances while pregnant? Specify:

LABOR

Y N Normal delivery? If no, explain:

Y N C-section: emergency, planned, repeat? Describe:

Apgar scores: _____ / _____

Y N Other problems? _____

BIRTH

Birth Weight: _____ Lbs. _____ Oz.

Y N Jaundice?

Y N Was the child hospitalized in the NICU after the mother was discharged? Why?

INFANCY AND EARLY CHILDHOOD

Who were the primary caregivers during infancy and early childhood?

Y N Did any of the child's primary caregivers experience depression, anxiety or other emotional problems?
Describe: _____
Describe parents reaction to birth: _____

Y N Did the child experience feeding problems? Describe:

Y N Did the child experience sleeping problems? Describe:

How would you describe baby's temperament (happy, tense, easy-going, always crying, soothable, other)?

Y N Was this child unusually sensitive to clothing, movement, touch, light, etc?

Y N Did this child become over stimulated in a noisy environment?

Y N Any significant events during this child's life that could have caused unhappiness, nervousness or placed the child or parents under above normal stress or strain:

MILESTONES

Y N Did you ever have concerns about this child's development? Please explain:

Indicate if this child had/has any of the following:

Serious infection _____ Yes _____ No Age _____

Convulsions _____ Yes _____ No Age _____

Head injuries _____ Yes _____ No Age _____

Other injuries _____ Yes _____ No Age _____

Hospitalizations _____ Yes _____ No Age _____

Surgery _____ Yes _____ No Age _____

Ear infections _____ Yes _____ No Age _____

Poisonings _____ Yes _____ No Age _____

Allergies _____ Yes _____ No Age _____

Asthma _____ Yes _____ No Age _____

Alcohol use _____ Yes _____ No Age _____

Drug use _____ Yes _____ No Age _____

Sexual problems _____ Yes _____ No Age _____

Medication allergies _____ Yes _____ No Age _____

If you answered yes to any of the above, please explain further:

