

**Christina Watson, Psy.D.  
Clinical Psychologist, PSY 19976  
16870 West Bernardo Dr., Ste 400  
San Diego, CA 92127  
858-342-4262**

Today's date \_\_\_\_\_

Name of Child \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

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

Home address \_\_\_\_\_

Home phone number \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

Parent 1 name \_\_\_\_\_

Parent 1 address (if different) \_\_\_\_\_

Parent 1 cell phone number \_\_\_\_\_

Parent 2 name \_\_\_\_\_

Parent 2 address (if different) \_\_\_\_\_

Parent 2 cell phone number \_\_\_\_\_

Parents' marital status \_\_\_\_\_

Parents' occupations \_\_\_\_\_

Other guardians/parental figures (names and relationships) \_\_\_\_\_

Child lives with \_\_\_\_\_

Siblings (names and ages) \_\_\_\_\_

Immediate family members who do not live with the child \_\_\_\_\_

What are your main concerns about your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are you child's strengths? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### BIRTH HISTORY:

Birth weight \_\_\_\_\_ lbs \_\_\_\_\_ oz

Any problems during pregnancy? \_\_\_\_\_

\_\_\_\_\_

Was your child born more than 2 weeks before due date? \_\_\_\_\_

Delivery was: Natural \_\_\_\_\_ C-section \_\_\_\_\_ (emergency? \_\_\_\_\_)

Any problems during delivery? \_\_\_\_\_

Any problems after delivery? \_\_\_\_\_

Is your child adopted? \_\_\_\_\_ If so, at what age? \_\_\_\_\_ Is he/she aware? \_\_\_\_\_

Any major maternal stress or trauma during pregnancy? \_\_\_\_\_

Were any of the following used during pregnancy?

\_\_\_\_\_ tobacco/cigarettes \_\_\_\_\_ alcohol \_\_\_\_\_ prescription medications

\_\_\_\_\_ marijuana \_\_\_\_\_ methamphetamine (specify: \_\_\_\_\_)

\_\_\_\_\_ cocaine \_\_\_\_\_ heroin/opiates \_\_\_\_\_)

\_\_\_\_\_ Other (specify) \_\_\_\_\_

### DEVELOPMENTAL HISTORY:

Any delays in:

\_\_\_\_\_ Gross motor skills (specify:)

\_\_\_\_\_ sitting up \_\_\_\_\_ standing alone \_\_\_\_\_ crawling \_\_\_\_\_ walking

\_\_\_\_\_ throwing/catching a ball \_\_\_\_\_ riding a bike

\_\_\_\_\_ Fine motor skills (specify:)

\_\_\_\_\_ self-feeding \_\_\_\_\_ buttoning \_\_\_\_\_ cutting straight lines \_\_\_\_\_ zippers

\_\_\_\_\_ self-dressing \_\_\_\_\_ tying shoes \_\_\_\_\_ holding a pencil \_\_\_\_\_ handwriting

\_\_\_\_\_ Speech and language (specify:)

\_\_\_\_\_ responding to name \_\_\_\_\_ first word \_\_\_\_\_ putting 2 words together

\_\_\_\_\_ understandable to strangers \_\_\_\_\_ conversational skills

\_\_\_\_\_ Toilet training (specify:)

\_\_\_\_\_ nighttime bladder control \_\_\_\_\_ daytime bladder control

\_\_\_\_\_ bowel control

Note any of the above areas that are still not mastered:

---

Note any of the above areas that were mastered earlier than expected:

---

HEALTH HISTORY (indicate yes or no, and if yes, explain):

History of frequent ear infections? \_\_\_\_\_ Tubes? \_\_\_\_\_

Recent vision exam? \_\_\_\_\_ Date \_\_\_\_\_ Glasses? \_\_\_\_\_

If glasses, note for distance, for reading, etc. \_\_\_\_\_

Recent hearing exam? \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

Genetic disorder/syndrome? \_\_\_\_\_

Serious illnesses? \_\_\_\_\_

Broken bones? \_\_\_\_\_

Head injury? (note if loss of consciousness) \_\_\_\_\_

Allergies? (specify) \_\_\_\_\_

Hospitalizations? \_\_\_\_\_

Surgery? \_\_\_\_\_

Trauma of any kind? (abuse, bullying, etc.) \_\_\_\_\_

Sensory issues? \_\_\_\_\_

Sleep Habits/Concerns: \_\_\_\_\_

---

Eating Habits (picky, adventurous, etc.): \_\_\_\_\_

Food Sensitivities: \_\_\_\_\_

Current Medications: \_\_\_\_\_

---

FAMILY HISTORY:

Primary language: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Religious affiliation: \_\_\_\_\_

Major stressors: \_\_\_\_\_

**List any BIOLOGICAL RELATIVES with the following:**

ADHD/ADD \_\_\_\_\_

Dyslexia/Reading delays \_\_\_\_\_

Math delays \_\_\_\_\_

Other learning challenges \_\_\_\_\_

Speech/language delays \_\_\_\_\_

Behavior problems \_\_\_\_\_

Genetic syndrome/intellectual disability \_\_\_\_\_

Substance abuse \_\_\_\_\_

Anxiety/panic disorder/OCD \_\_\_\_\_

Depression \_\_\_\_\_

Bipolar disorder \_\_\_\_\_

Schizophrenia \_\_\_\_\_

**SCHOOL HISTORY:**

Did your child attend preschool? \_\_\_\_\_ Where? \_\_\_\_\_

Has your child ever repeated a grade? \_\_\_\_\_ If so, which grade? \_\_\_\_\_

Has your child ever been tested by the school or another psychologist for special education services? \_\_\_\_\_ When? \_\_\_\_\_

(SUBMIT ALL REPORTS AND IEPS WITH THIS FORM)

Is your child currently receiving services under IEP or 504 Plan? \_\_\_\_\_

What services? \_\_\_\_\_

List any other schools your child attended prior to the current one: \_\_\_\_\_

What services has your child received outside of school (tutoring, speech therapy, counseling, etc.)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What have you tried at home to help your child with these challenges? \_\_\_\_\_

---



---



---

**SOCIAL HISTORY:**

Describe your child’s social relationships (i.e., does he or she have friends? a best friend? any bullying? etc.): \_\_\_\_\_

---



---

Is your child enrolled in any sports, music lessons, Scouts, or other extracurricular activities? If so, please list: \_\_\_\_\_

---

What does your child enjoy doing for fun? \_\_\_\_\_

---



---

Please indicate how often your child exhibits the behaviors listed in the following chart:

Behavior	Rarely/Never	Sometimes	Often/Always
Makes detail or careless mistakes in work			
Has trouble holding attention in tasks or activities			
Does not listen when spoken to directly			
Fails to follow through on instructions and fails to finish tasks (loses focus, gets side-tracked)			
Difficulty organizing tasks and activities			
Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort			

Behavior	Rarely/Never	Sometimes	Often/Always
Loses needed supplies			
Easily distracted			
Forgetful for daily routines			
Trouble staying focused on tasks that are not electronic or favorite activities			
Trouble with transitions			
Daydreams/Zones out			
Fidgets with or taps hands or feet, or squirms in seat			
Leaves seat in situations where remaining seated is expected			
Runs about or climbs in situations where it is not appropriate			
Unable to play quietly			
Acts as if "driven by a motor" and is "on the go"			
Talks excessively			
Blurts out answers before questions have been completed			
Has trouble waiting his/her turn			
Interrupts or intrudes on conversations			
Trouble learning the names of letters and numbers			

Behavior	Rarely/Never	Sometimes	Often/Always
Trouble learning to tie shoes			
Trouble learning to tell time on a clock with hands			
Difficulty learning right vs left			
Word-finding problems — lots of “thingies” and “what do you call it”s			
Poor ability to sound out words for reading			
Poor ability to sound out words for spelling			
Seems to learn information in school but quickly forget it			
Inconsistent performance; good days and bad days			
Slow reading speed			
Weak reading comprehension			
Trouble memorizing math facts			
Trouble with applying math concepts, such as to word problems			
Messy penmanship			
Slow, non-automatic handwriting			

Behavior	Rarely/Never	Sometimes	Often/Always
Trouble with written expression of ideas			
Trouble with verbal expression of ideas			
Weak vocabulary skills			
Does not seem to understand what he or she is being told			
Trouble following conversations with peers			
Seems to miss nonverbal social cues, such as tone of voice, body language, and facial expression			
Does not get humor or metaphors because he or she takes everything so literally			
Poor spatial organization on paper (lining up words or keeping numbers in columns)			
Trouble learning to ride a bike; poor balance			
Clumsy, runs into things and falls more than peers			

On the back of this page, please include any additional information that you believe is relevant or may be helpful to me in understanding your child. I appreciate your time and effort in completing this form. I look forward to working with you and your child!

Sincerely,

Christina Watson, Psy.D.