Mark W. Matthews, PhD
Clinical Psychologist
305 Miron Drive
Suite 104
Southlake, Texas 76092
Voice: 817-909-3766
Fax: 817-479-9496
Email: markmatthewsphd@gmail.com

Child Information and History

Child's Name_____ Date _____

Parent/guardian Tel: (home) _____ (work) _____

Age _____ Birthdate_____ Religion (optional) _____

Sex _____ Ethnic or racial background _____

Grade and school _____

Hand child uses for writing or drawing: Right☐ Left ☐ Switches between them ☐

Primary language_____ Secondary language_____

Previous diagnosis (1) _____

If any (2) _____

Who referred the child to our office? _____

Briefly describe the problem: _____

_____

_____

_____

What specific concerns do you have?

(1)_____

(2)_____

(3)_____

THIS FORM HAS BEEN COMPLETED BY:

Name _____ Relationship to child_____

Address _____

Phone (H) _____ (W) _____

SYMPTOM SURVEY

For each symptom that applies to the child, place a check. Compare the child to other children of the same age. Add any helpful comments next to the item.

1) PROBLEM SOLVING

- ☐ Difficulty figuring out how to do new things
- ☐ Difficulty making decisions
- ☐ Difficulty planning ahead
- ☐ Difficulty solving problems a younger child can do
- ☐ Disorganized in his/her approach to problems
- ☐ Difficulty understanding explanations
- ☐ Difficulty doing things in the right order (sequencing)
- ☐ Difficulty verbally describing the steps involved in doing something
- ☐ Difficulty changing a plan or activity in a reasonable period of time
- ☐ Is slow to learn new things
- ☐ Difficulty switching from one activity to another activity
- ☐ Easily frustrated
- ☐ Other problem solving difficulties_____

2) SPEECH, LANGUAGE, AND MATH SKILLS

- ☐ Difficulty speaking clearly
- ☐ Difficulty finding the right word to say
- ☐ Not talking
- ☐ Rambles on and on without saying much
- ☐ Jumps from topic to topic
- ☐ Odd or unusual language or vocal sounds
- ☐ Difficulty understanding what others are saying
- ☐ Difficulty in writing letters or words
- ☐ Difficulty reading letters or words
- ☐ Difficulty with spelling
- ☐ Difficulty with math
- ☐ Other speech, language, or math problems: _____

3) SPATIAL SKILLS

- ☐ Confusion telling right from left
- ☐ Has difficulty with puzzles, Legos, blocks, or similar games
- ☐ Problems drawing or copying
- ☐ Doesn't know his/her colors
- ☐ Difficulty dressing (not due to physical difficulty)
- ☐ Problems finding his/her way around places he/she has been before
- ☐ Difficulty recognizing objects
- ☐ Seems unable to recognize facial or body expressions of disapproval or emotions
- ☐ Gets lost easily
- ☐ Other spatial problems: _____

4) AWARENESS AND CONCENTRATION

- ☐ Easily distracted by: Sounds ☐ Sights ☐ Physical sensations ☐
- ☐ Mind appears to go blank at times
- ☐ Loses train of thought
- ☐ Difficulty concentrating on what others say, but can sit in front of a TV for long periods
- ☐ Attention starts out OK but can't keep it up
- ☐ Other attention or concentration problems: _____

5) MEMORY

- ☐ Forgets where he/she leaves things
- ☐ Forgets things that happened recently (e.g., last meal)
- ☐ Forgets things that happened days/weeks ago
- ☐ Forgets what he/she is supposed to be doing
- ☐ Forgets names more than most people do
- ☐ Forgets school assignments
- ☐ Forgets instructions
- ☐ Other memory problems: _____

6) MOTOR AND COORDINATION

Check the side this occurs on:

		Right side	Left side	Both sides
☐	Poor fine motor skills (e.g., using a pencil or crayon)	☐	☐	☐
☐	Clumsy)	☐	☐	☐
☐	Weakness	☐	☐	☐
☐	Tremor	☐	☐	☐
☐	Muscles are tight or spastic	☐	☐	☐
☐	Odd movements (posturing, peculiar hand movements, etc.)	☐	☐	☐
☐	Drops things more than most children	☐	☐	☐
☐	Has an unusual walk	☐	☐	☐
☐	Balance problems	☐	☐	☐
☐	Other motor or coordination problems: _____			

7) SENSORY

Check the side this occurs on:

		Right side	Left side	Both sides
☐	Needs to squint or move closer to page to read	☐	☐	☐
☐	Problems seeing objects	☐	☐	☐
☐	Loss of feeling			
☐	Problems hearing sounds			
☐	Difficulty telling hot from cold			
☐	Difficulty smelling odors			
☐	Difficulty tasting food			
☐	Overly sensitive to: Touch ☐ Light ☐ Noise ☐			
☐	Other sensory problems:_____			

8) PHYSICAL

How Often?

☐	Frequently complains of headaches or nausea	_____
☐	Had dizzy spells	_____
☐	Has pains in joints Where? _____	
☐	Excessive tiredness	
☐	Frequent urination or drinking	
☐	Other physical problems: _____	

9) BEHAVIOR

- ☐ Aggressive
- ☐ Attached to things, not people
- ☐ Bedwetting
- ☐ Bizarre behavior
- ☐ Bowel movement in underwear
- ☐ Dependent
- ☐ Depressed
- ☐ Eating habits are poor
- ☐ Emotional
- ☐ Fearful
- ☐ Immature
- ☐ Nervous
- ☐ Nightmares, night terrors, sleepwalks
- ☐ Quiet
- ☐ Resists change
- ☐ Risk-taking
- ☐ Self-mutilates
- ☐ Self-stimulates
- ☐ Shy and withdrawn
- ☐ Sleeping habits are poor
- ☐ Swears a lot
- ☐ Unmotivated
- ☐ Other unusual behavior: _____

Below check all the descriptions of the child that have been present for at least the **past 6 months**. These behaviors should occur more frequently than in other children of the same age.

- ☐ Is very fidgety
- ☐ Can't remain seated
- ☐ Highly distractible
- ☐ Can't wait for his/her turn when playing with others
- ☐ Answers before he/she hears the whole question
- ☐ Rarely follows others' instructions
- ☐ Steals things without people knowing on several occasions
- ☐ Often runs away from his parents' home and stays away overnight
- ☐ Easily lies to others
- ☐ Firesetting
- ☐ Doesn't go to school
- ☐ Breaks into other people's property

- ☐ Has a hard time concentrating for long periods
- ☐ Goes from one activity to another without finishing anything
- ☐ Frequently makes noise when playing
- ☐ Is often rude or interrupts others
- ☐ Doesn't listen to other people
- ☐ Seems like he/she frequently is losing things that are needed for school
- ☐ When fighting, has used a weapon on more than one occasion
- ☐ Frequently does dangerous things without considering consequences
- ☐ Destroys other people's property in some manner other than by fire
- ☐ Seems like he/she is always talking
- ☐ Is cruel to animals
- ☐ Has forcible sexual relations with others
- ☐ Starts fights with others
- ☐ Will steal directly from people
- ☐ Is cruel to other people

10) Overall, the child's symptoms have developed: ☐ Slowly ☐ Quickly

11) The symptoms occur: ☐ Occasionally ☐ Often

12) Over the past 6 months the symptoms have: ☐ Stayed about the same ☐ Worsened

PREGNANCY

13) Mother's age at child's birth: _____ Father's age at child's birth: _____

14) **Before** the pregnancy, what medications (prescribed or over-the-counter) did the mother take?

List all medications used:_____

15) While pregnant, what medications (prescribed or over-the-counter) did the mother take?

List all medications used: _____

16) How often did the mother see her doctor during the pregnancy?

Regularly (as scheduled by the doctor) ☐ Rarely ☐ Not at all ☐

17) During the pregnancy, which of the following did the mother use?

		Amount and Daily Frequency
☐	Alcohol	_____
☐	Caffeine	_____
☐	Marijuana	_____
☐	Recreational drugs (cocaine, heroin, etc.)	_____
☐	Tobacco	_____

18) During the pregnancy, the mother's diet was: Good ☐ Poor ☐

If poor, explain:_____

19) The mother's general physical health during the pregnancy was: Good ☐ Poor ☐

If poor, explain:_____

20) About how much weight did the mother gain while she was pregnant? _____lbs.

21) During this pregnancy, check all the mother had:

- ☐ Accident
- ☐ Anemia
- ☐ Bleeding (severe or frequent spotting)
- ☐ Diabetes
- ☐ High blood pressure
- ☐ Pelvic irradiation
- ☐ Preeclampsia, eclampsia, or toxemia
- ☐ Psychological problems
- ☐ Surgery
- ☐ Vomiting (severe or frequent)

22) How many pregnancies did the mother have prior to this one?

Number of live births: ____

Number of miscarriages: ____

BIRTH

23) Was this child born:

Early ☐ How early?_____ weeks

On time ☐ (38-42 weeks)

Late ☐ How late? _____ weeks

24) How much did the baby weigh at birth? ____lbs. _____ oz or _____ gms.

25) How long did the labor last? _____

26) The labor was: Easy ☐ Moderately difficult ☐ Very difficult ☐

27) What type of medication was the mother given to help with the delivery?

None ☐ Demerol ☐ Gas ☐ Regional nerve (spinal block) ☐ Tranquilizer ☐ Epidural ☐

28) Were forceps used during delivery? Yes ☐ No ☐

29) Was the baby born:

Head first ☐ Transverse(crosswise) ☐ Posterior first ☐

Breech birth ☐ Caesarean section ☐ Vacuum extraction ☐

Other:_____

30) Did the baby experience any of these problems:

Fetal distress ☐ Low placenta (Placenta previa) ☐ Prolapsed cord ☐

Premature separation of placenta (Abrupto placenta) ☐ Cord wrapped around neck ☐

31) Describe any other special problems the mother or child had during delivery:

_____

_____

32) At birth, did the baby:

Have difficulty breathing?	Yes ☐	No ☐
Fail to cry?	Yes ☐	No ☐
Appear inactive?	Yes ☐	No ☐

33) List the baby's Apgar scores: 1st _____ 2nd _____

34) If the father or the mother noticed anything unusual when they first saw the baby, describe:

If the baby was born with any problems (congenital defects, large or small head, blue baby, bleeding in brain, etc, decribe:_____

Describe any special problems that the baby had in the first few days following birth:

_____

Describe any special care, treatment, or equipment the child was given after birth:

How long did the baby stay in the hospital? _____

DEVELOPMENTAL HISTORY

35) For each area, indicate the child's development by circling one description. The "average" period is only a rough idea of what is average since every developmental milestone actually involves a range of several months (e.g. walking occurs approximately 9-18 months of age). Circle "early" or "late" only if you are sure the child's development was different from that of most other children.

GROSS MOTOR SKILLS

Crawled	Early	Average (6-9 mos)	Late
Walked alone (2-3 steps)	Early	Average (9-18 mos)	Late

LANGUAGE

Followed simple commands	Early	Average (12-18 mos)	Late
Used single-word sentences	Early	Average (12-24 mos)	Late

SELF-HELP

Toilet trained Early Average (13-36 mos) Late

36) List any other significant developmental problems:

_____

37) Overall, the child's development was:

Early ☐ Average ☐ Late ☐

38) As an infant or toddler, did the child have poor muscle control (i.e. weakness) of the:

Neck ☐ Trunk ☐ Legs ☐ Arms ☐

39) As an infant or toddler, did the child's muscles seem to be unusually tight or stiff?

Yes ☐ No ☐ If yes, describe: _____

40) Toilet training was:

Easy ☐

Difficult ☐

41) As an infant or toddler, the child was:

Too calm and inactive ☐

Calm and reasonably active ☐

Irritable and very active ☐

42) As a toddler, the child was:

Shy and inhibited ☐

Neither shy nor outgoing ☐

Very outgoing and liked people ☐

43) Did the child have a poor appetite as a baby? Yes ☐ No ☐

44) Did the child fail to gain weight steadily as a baby? Yes ☐ No ☐

45) List the baby's illnesses or physical problems during the first year:

_____

46) Has the child had a temperature of 104°F (40°C) or higher for more than a few hours?

Yes ☐ No ☐ If yes, what age (s)? _____ and how long did it last? _____

47) Has the child ever been hit hard on the head or suffered a head injury? Yes ☐ No ☐

If yes, what age(s)? _____Did the child lose consciousness? Yes ☐ No ☐

How did it happen? _____

What problems did the child have (physical or mental) afterwards?

_____

48) Has the child been diagnosed with seizures or epilepsy? Yes ☐ No ☐

If yes, which type? Partial seizure ☐ Generalized seizure ☐ Unclassified type ☐

If medication is used, which medication(s)? _____

Has the child ever had a bad reaction to this medication? Yes ☐ No ☐

If yes, describe: _____

Did the child ever have a seizure due to a fever or unknown cause? Yes ☐ No ☐

If yes, describe (age, nature of seizure):_____

49) Was the child ever in the hospital for an accident, injury or operation? Yes ☐ No ☐

If yes, what age(s)? _____ What happened? _____

50) Has the child ever swallowed any poison, non-food, or drug accidentally? Yes ☐ No ☐

If yes, what age(s)? _____ What happened? _____

51) Did the child have frequent ear infections? Yes ☐ No ☐

If yes, what age(s)? _____ How often and severe? _____

What treatment was provided? _____

52) Please check all the following diseases or conditions the child has ever had:

☐ Allergies	☐ Cerebral palsy	☐ Jaundice	☐ Mumps
☐ Anemia	☐ Chicken pox	☐ Kidney disorder	☐ Oxygen deprivation
☐ Asthma	☐ Colds (excessive)	☐ Leukemia	☐ Pneumonia
☐ Bleeding disorder	☐ Diabetes	☐ Liver disorder	☐ Rheumatic fever
☐ Blood disorder	☐ Encephalitis	☐ Lung disorder	☐ Scarlet fever
☐ Brain disorder	☐ Enzyme deficiency	☐ Measles	☐ Tuberculosis
☐ Broken bones	☐ Genetic disorder	☐ Meningitis	☐ Venereal disease
☐ Cancer	☐ Heart disorder	☐ Metabolic disorder	☐ Whooping cough

☐ Other problems: _____

53) As the child has been growing up, he/she has been sick:

Much of the time ☐ An average amount ☐ Not much at all ☐

54) List all the medications the child takes now:

Medication	Dosage	How often?	What for?

55) Does the child:

Wear glasses? Yes ☐ No ☐ (Farsighted ☐ Nearsighted ☐ Other ☐)

Use a hearing aid? Yes ☐ No ☐

56) Within the past year, has the child had: **Results**

A vision test? Yes ☐ No ☐ _____

A hearing test? Yes ☐ No ☐ _____

57) What is the child's :

Height _____ft. _____in. Weight: _____lbs.

58) When was the child's last medical check-up? _____

59) What therapies have been provided to the child?

- ☐ No therapies
- ☐ Occupational therapy
- ☐ Physical therapy
- ☐ Psychological therapy, counseling, or cognitive rehabilitation
- ☐ Speech therapy
- ☐ Other therapy: _____

FAMILY HISTORY

60) The child lives with:

☐ Biological parent(s) only ☐ Relatives ☐ Foster parents

☐ Biological parent and other ☐ Adoptive parents ☐ Institutional care

☐ Other placement: _____

61) The family's income is:

☐ under $10,000 ☐ $10,000-$29,999 ☐ $30,000-$50,000 ☐ over $50,000

62) What is the name of the child's biological mother? _____

a. Is she living? Yes ☐ No ☐ If deceased, explain: _____
b. Her age? _____
c. What is her level of education?_____
d. Her occupation? _____
e. Does she live in the same house as the child? Yes ☐ No ☐
f. How often does she see the child? _____
g. How involved is the mother in the child's upbringing? Very ☐ Somewhat ☐ Not at all ☐

h. Did the mother have a learning disability or other problems when she was in school?

Yes ☐ No ☐ If yes, describe: _____

i. What are the mother's hobbies? _____

63) What is the name of the child's biological father? _____

a. Is he living? Yes ☐ No ☐ If deceased, explain: _____

b. His age? _____

c. What is his level of education?_____

d. His occupation? _____

e. Does he live in the same house as the child? Yes ☐ No ☐

f. How often does he see the child? _____

g. How involved is the father in the child's upbringing? Very ☐ Somewhat ☐ Not at all ☐

h. Did the father have a learning disability or other problems when she was in school?

Yes ☐ No ☐ If yes, describe: _____

i. What are the father's hobbies? _____

64) Please list the names, ages, and grade (or job) of the child's brothers and sister:

Name	Age	Grade or job

65) Has anyone in the child's biological family (including parents, grandparents, siblings, aunts & uncles) ever had any of the following:

	Which relative?	Describe the problem briefly
☐ Brain disease		
☐ Developmental delay		
☐ Epilepsy or seizures		
☐ Learning disability		
☐ Mental retardation		
☐ Neurological disease		
☐ Psychological problems		
☐ Reading or spelling difficulties		
☐ Speech or language problems		

66) Which of the child's biological relatives are left handed?

No one ☐ Mother ☐ Father ☐ Sibling(s) ☐ Grandparent(s) ☐

67) What languages are spoken in the home? (list in order of the most frequent first)

1) _____ 2) _____

68) How is the child disciplined? _____

69) List the child's usual recreational activities and hobbies: _____

_____

70) Have there been any major family stresses or changes in the past year (e.g. moving with change of school, divorce, significant illness, etc)?

Yes ☐ No ☐ If yes, explain: _____

How much stress have these changes caused the child? (circle one)

None Mild Moderate Severe

SCHOOL HISTORY

71) The child's present school is: Name:_____

Address: _____

Phone: _____Contact person: _____

72) Was the child ever held back to repeat a grade? Yes ☐ No ☐

If yes, which grade? _____ Why? _____

73) Has the child ever been in a special class or provided with special services (e.g. resource room, EMR, learning disability class, etc.)? Yes ☐ No ☐

If yes, describe the special class: _____

Is the child in this class or receiving special services now? Yes ☐ No ☐

74) Does the child like school? ☐ Most of the time ☐ Some of the time ☐ Almost never

75) Does the child:

Have problems with other children in class?	Yes ☐	No ☐
Have problems making friends in school?	Yes ☐	No ☐
Have problems getting along with teachers?	Yes ☐	No ☐
Tend to get sick in the morning before school?	Yes ☐	No ☐

76) Describe the teacher's concerns about the child's schoolwork or behavior:

77) What kind of grades has the child received in the past year?

A's & B's ☐ B's & C's ☐ C's & D's ☐ D's & F's ☐

or Outstanding ☐ Good ☐ Satisfactory ☐ Improvement needed ☐ Unsatisfactory ☐

or Other grading system: _____

Are these grades a change from previous years? Yes ☐ No ☐

78) In which subject(s) does the child do best? _____

79) Which subject(s) are the most difficult? _____

80) In the past year, how much school has the child missed due to illness or injury?

Less than 2 weeks ☐ 2 to 4 weeks ☐ 5 to 8 weeks ☐ Over 8 weeks ☐

Briefly describe the reasons if the child has missed a lot of school:_____

_____

81) Does the child seem to have a "school phobia"? Yes ☐ No ☐

If yes, explain: _____

PREVIOUS EVALUATIONS

82) Which of these tests or procedures have been done recently? Note any abnormal findings.

Evaluation:	Check here if normal	Abnormal findings
☐ Blood work	☐	_____
☐ Family physician or pediatrician office visit	☐	_____
☐ Hearing testing	☐	_____
☐ Lead level check	☐	_____
☐ Lumbar puncture or spinal tap	☐	_____
☐ Neurological exam or testing	☐	_____
☐ Psychological or neuropsychological testing	☐	_____
☐ School testing	☐	_____
☐ Speech & language testing	☐	_____
☐ Vision testing	☐	_____
☐ X-rays	☐	_____
☐ Other tests:	☐	_____
_____	☐	_____
_____	☐	_____

83) What are the names of the physician, psychologist, school authority, or other professionals we may contact who are most familiar with the child's problems?

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Phone: _____ Phone: _____

Profession: _____ Profession: _____

Parent of Guardian's signature Date

THANK YOU FOR TAKING THE TIME TO CAREFULLY COMPLETE THIS QUESTIONNAIRE