

# Myles L. Cooley, Ph.D., ABPP

## CHILDHOOD HISTORY FORM

Person completing this form (Circle) Mother Father Step-mother Step-father Other

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex M F

Was the child adopted? Yes No If yes, at what age? \_\_\_\_\_

Has the child repeated a grade? Yes No If yes, what grade \_\_\_\_\_  
and why? \_\_\_\_\_

Has the child been tutored? Yes No If yes, by whom, \_\_\_\_\_  
for how long, and in what subjects? \_\_\_\_\_

Has the child been diagnosed with a learning, attention or emotional problem? Yes No  
If yes, what problem \_\_\_\_\_  
Diagnosed by whom \_\_\_\_\_ when \_\_\_\_\_

Does (did) the child receive accommodations in school? Yes No What are they? \_\_\_\_\_  
\_\_\_\_\_

Medications child currently takes (Names and dosages) \_\_\_\_\_  
\_\_\_\_\_

Briefly describe the teacher's concerns. \_\_\_\_\_  
\_\_\_\_\_

Which subjects are difficult? \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_ Written Work

Briefly describe concerns you have with behavior at home. \_\_\_\_\_  
\_\_\_\_\_

### FAMILY HISTORY

Mother: Occupation \_\_\_\_\_  
Education (Highest grade completed) \_\_\_\_\_  
Have you or any of your blood relatives (e.g. parents, siblings, nieces, nephews) had  
similar problems to those of your child? Yes No  
If yes, describe \_\_\_\_\_  
\_\_\_\_\_

Psychological or substance abuse problems in you or relatives? Yes No  
If yes, describe \_\_\_\_\_  
\_\_\_\_\_

Father: Occupation \_\_\_\_\_  
Education (Highest grade completed) \_\_\_\_\_  
Have you or any of your blood relatives (e.g. parents, siblings, nieces, nephews) had  
similar problems to those of your child? Yes No  
If yes, describe \_\_\_\_\_  
\_\_\_\_\_

Psychological or substance abuse problems in you or relatives? Yes No  
If yes, describe \_\_\_\_\_  
\_\_\_\_\_

Have any of your child's siblings had similar problems? Yes No  
 If yes, describe \_\_\_\_\_

### PREGNANCY AND DELIVERY

Length of pregnancy (weeks) \_\_\_\_\_

Pregnancy complication? Yes No If yes, describe \_\_\_\_\_

Child's birth weight \_\_\_\_\_

Type of delivery \_\_\_\_\_ Normal \_\_\_\_\_ Breech \_\_\_\_\_ C-Section

**Delivery complication(s):** \_\_\_\_\_ Cord around neck \_\_\_\_\_ Born blue \_\_\_\_\_ Turned yellow  
 \_\_\_\_\_ Trouble breathing \_\_\_\_\_ Infection \_\_\_\_\_ Injury - describe \_\_\_\_\_

### TEMPERAMENT

	<u>Birth to 2 years</u>		<u>3 - 4 years</u>	
Was your child: (Circle)				
Difficult to feed	Y	N	Y	N
Difficult to get to sleep or nap	Y	N	Y	N
Difficult to comfort	Y	N	Y	N
Colicky	Y	N	Y	N
Irritable	Y	N	Y	N
Stubborn, demanding	Y	N	Y	N
Overly active, into everything	Y	N	Y	N

### MEDICAL HISTORY

Has your child had: (Circle)

Allergies/Asthma                      Seizures                      Head Injury                      Speech & language problems  
 Chronic ear Infections Eye problems/glasses                      Bedwetting

Tics (e.g. eye blinking, sniffing, throat clearing, any repetitive movements) Describe \_\_\_\_\_

Fine motor/handwriting problems                      Gross motor problems, clumsiness

Other \_\_\_\_\_

### DEVELOPMENTAL MILESTONES

	Early	On Time	Late
Walked without assistance	_____	_____	_____
Spoke single words	_____	_____	_____
Spoke two or more words together	_____	_____	_____
Bladder trained ( night)	_____	_____	_____
Bowel trained (day)	_____	_____	_____
Rode bicycle (without training wheels)	_____	_____	_____
Buttoned clothes	_____	_____	_____
Tied shoelaces	_____	_____	_____
Names colors	_____	_____	_____
Said alphabet in order	_____	_____	_____

**HOME & SCHOOL BEHAVIORS**

All children sometimes exhibit the behaviors listed below. Write a P (Parent), T (Teacher) or B (Both) next to the behavior if the parent and/or teacher observes it much more frequently compared to other children his or her own age:

P, T, or B

- \_\_\_\_\_ Often does not follow through on instructions and fails to finish schoolwork, chores.
- \_\_\_\_\_ Is often easily distracted by extraneous stimuli.
- \_\_\_\_\_ Often has difficulty sustaining attention to tasks or play activities.
- \_\_\_\_\_ Often doesn't seem to listen when spoken to directly.
- \_\_\_\_\_ Often loses things necessary for tasks or activities (e.g., pencils, toys, books).
- \_\_\_\_\_ Often fails to give close attention to details or makes careless mistakes in schoolwork or other activities.
- \_\_\_\_\_ Often forgetful in daily activities.
- \_\_\_\_\_ Often avoids or strongly dislikes tasks (e.g., schoolwork, homework) that require sustained mental effort.
- \_\_\_\_\_ Often has difficulty organizing tasks and activities.

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P, T, or B

- \_\_\_\_\_ Often has difficulty awaiting turn in groups, games or waiting in lines.
- \_\_\_\_\_ Often blurts out answers to questions before questions are completed.
- \_\_\_\_\_ Often interrupts or intrudes on others.
- \_\_\_\_\_ Often fidgets with hands or feet or squirms in seat.
- \_\_\_\_\_ Often leaves seat in classroom or in other situations in which remaining seated is expected.
- \_\_\_\_\_ Often runs about or climbs excessively in situations where it is inappropriate. ( In adolescents, restlessness.)
- \_\_\_\_\_ Often has difficulty playing or engaging in leisure activities quietly.
- \_\_\_\_\_ Often talks excessively.
- \_\_\_\_\_ Is often "on the go" or often acts as if "driven by a motor."

- \_\_\_\_\_ Often loses temper
  - \_\_\_\_\_ Often argues with adults
  - \_\_\_\_\_ Often actively defies or refuses to comply with adults' requests or rules
  - \_\_\_\_\_ Often deliberately annoys people
  - \_\_\_\_\_ Often blames others for his or her mistakes or misbehavior
  - \_\_\_\_\_ Is often touchy or easily annoyed by others
  - \_\_\_\_\_ Is often angry and resentful
  - \_\_\_\_\_ Is often spiteful or vindictive
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- \_\_\_\_\_ Worries
- \_\_\_\_\_ Fearful of separation
- \_\_\_\_\_ Shy
- \_\_\_\_\_ Cries easily
- \_\_\_\_\_ Has to have or do things a specific way
- \_\_\_\_\_ Complains of headaches, stomachaches
- \_\_\_\_\_ Poor self-esteem
- \_\_\_\_\_ Withdrawn, few friends
- \_\_\_\_\_ Has repetitive behaviors or habits
- \_\_\_\_\_ Excessive fears
- \_\_\_\_\_ Difficulty falling asleep or sleeps too much (Circle which)
- \_\_\_\_\_ Lacks energy, enthusiasm