

NEW PATIENT INFORMATION SHEET

Date: _____

In an effort to better accomplish your goals and make the most of our time together, please tell me a little about your child.

Name: _____ Nickname (_____)

Parent's Names: _____

STRENGTHS: My child is good at the following:

1. _____
2. _____
3. _____
4. _____

CONCERNS: I have concerns about my child in the following areas:

1. _____
2. _____
3. _____
4. _____

A. Please list any medications that your child has taken in the past for behavioral or attentional problems.

B. SCHOOL INFORMATION

School Name _____ Grade _____

Has your child had previous testing through the school system? Yes No

Does your child have an IEP? Yes No When was it last updated? _____

Does your child receive additional services, such as OT, PT, Speech? _____

Does your child receive resource help or tutoring? Yes No _____

C. PREGNANCY INFORMATION – Tell me a little about the pregnancy for your child:

- Was the pregnancy planned? YES NO
- Were there problems for the mother? YES NO Explain: _____
- Were there problems for the baby? YES NO Explain: _____
- Did you have to take any medicines? YES NO Please list: _____
- Did you smoke or drink alcohol? YES NO How much? _____
- Did your child do okay at delivery? YES NO Explain: _____

D. FAMILY: It is helpful for us to know about your family. Please list all people living in your home and their relationship to your child.

E. How does your child entertain himself?

Does your child participate in sports, scouts, or other extracurricular activities? Yes No

Please list: _____
