

***PPCC***  
**Premier Psychological Counseling & Consulting, PC**  
**CONFIDENTIAL PERSONAL HISTORY**  
**INTAKE FORM**  
**FOR CHILDREN AND YOUNG ADULTS**

Today's date:	Child's name:	
Family name:	Birth date:	
Form completed by:	Relationship to child:	
Street address, city, state, zip:	Age:	School:
	Grade:	School years completed:
Home phone number:	Cell phone number(s):	
Work phone number(s):	Email address:	

How did you learn about **Premier PCC/Premier TMS**?  
 If referred, by whom?

**PremierPCC** has my permission to send a thank-you letter to my referral source indicated that my child has been seen for an evaluation. No other information will be released without written consent.

May we send a thank you letter for your referral source? (Y or N)

**FAMILY MEMBERS**

Name	Age	Gender	Adopted? (Y or N)	Education/Occupation	Right or Left- handed?
Father:					
Mother:					
Children:					

Marital status of parents (married, separated, divorced, other)

What are your concerns for your child (academically, personally, socially)?  
 Academic:

Personal:

Social:

**FAMILY ADAPTATION**

At home, how would you describe his/her general adjustment (good, fair, poor, excellent)?

How does he/she get along with each member of the family:

Father:

Mother:

Siblings:

Have there been any major traumatic family events in the course of the child's development:

Have there been any major moves? (city to city, country to country)

**PREGNANCY (if child is adopted, go to ADOPTED section)**

What kind of experience was the pregnancy for both father and mother:

Father:

Mother:

More specifically:	Yes	No	Comments
Was it planned?			
Were there complications?			
Shock (emotional)			
Loss of a loved one			

Accident			
Health problems			
Confinement to bed			
Tiredness, fatigue			
Other			
Was mother exposed to noise?			
Did mother smoke?			
Did mother consume alcohol?			
Did mother take any medication?			
Did mother talk much?			
Was mother physically active?			
Did mother sing?			
Did mother play a musical instrument?			
Were any previous pregnancies complicated?			
Which language was spoken by mother?			
<b>LABOR AND DELIVERY</b>			
Describe your experience during labor and delivery:			
More specifically:	Yes	No	Comments
Full term?			
Length of labor (how many hours?)			
Forceps used?			
High forceps required?			
Deliver position (e.g. breech)			
Caesarean birth? (reason)			
Birth weight? (pounds/ounces)			
APGAR rating?			
Cried immediately?			
Required special treatment? (i.e. required oxygen, had jaundice, etc.)			
Did newborn have immediate physical contact with mother?			
Was there a positive bonding experience between mother and			

newborn at birth?			
Was newborn breastfed immediately?			
Describe any separation from mother during first days of life.			
Did mother experience any post-partum depression?			

**ADOPTION**

Describe circumstances surrounding adoption:

More specifically, child's age when adopted:

Prior foster homes?

Physical appearance:

Response to new home:

Is your child aware of adoption?

**INFANCY (FOR ALL CHILDREN)**

Going back to first two years of child's life, what type of baby was he/she? (feeding, sleeping, activity level, etc.)

More specifically:	Yes	No	Comments
Breastfed?			
Extended separations during first two years (over 3 days)?			
Specific health problems during this period?			
Toilet trained? (age)			
Thumb sucking (until what age)			
Feeding or sleeping problems?			

**CHILDHOOD ILLNESSES**

Has your child had any of the following childhood illnesses?	Yes	No	Age	Frequency
Respiratory problems				

High fever				
Meningitis				
Ear infections				
Adenoid problems				
Frequent colds				
Strep throat				
Allergies: (if yes, please list)				
Has he/she ever been hospitalized and why?				
Has she/she ever had a serious accident or injury? If so, list accidents.				
Have any of the following been a problem?	Yes	No	Please give details	
Asthma				
Bronchitis				
Skin problems				
Gastro-intestinal problems				
Convulsions				
Epilepsy				
Nightmares				
Fitful sleep				
Bedwetting				
Nail biting				
Are there any other medical illnesses or conditions which have been diagnosed?				
Which vaccinations has he/she been given:				
Hepatitis B (and how many)				
MMR (and how many)				
DPT (and how many)				
HIB (and how many)				
Polio				
Chickenpox				
Other				

Other

Other

Is your child in good general health at the present time?

Temperament/Mood: Which positive or negative moods does your child display (overly excited, easily agitated, irritability, angry outburst, crying spells, giddiness, etc.)

Is your child currently taking any prescribed medications? List what each is for? What Symptom, etc.

Medication:	Dosage:
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Medication:	Dosage:
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Medication:	Dosage:
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Medication:	Dosage:
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When was your child’s most recent medical checkup?	Date:	Doctor:
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**SENSORI-MOTOR DEVELOPMENT**

How would you describe your child’s motor development? Normal, delayed, or advanced?

At what age did your child crawl?	At what age did your child walk?
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Hand preference: (right, left, or mixed)

Is your child unusually sensitive to touch or are some clothes “scratchy”? If yes, please describe:

Did/does your child toe walk?

General coordination (large muscle): (poor, fair, good, or excellent)

Small muscle coordination (small muscle). For example, is your child’s handwriting legible?

General balance: (poor, fair, good, or excellent)

Is your child accident prone, falling or stumbling often?

Does your child participate in sports? If so, which type?

**VISUAL DEVELOPMENT**

Has your child experienced any problems with his/her eyesight or vision? If so, please explain:

Are there any current problems of which you are aware? If so, please explain:

When was the last time his/her eyesight was tested?

**AUDITORY DEVELOPMENT**

Has your child experienced any problems with his/her hearing? (operations, infections, tubes) If so, please explain:

Frequency of ear infections:

Never  Seldom  Sometimes  Often

Mild  Moderate  Severe

Do you feel your child responds to sounds in an unusual way? If so, please explain:

Are there any current problems of which you are aware which involve listening? If so, please explain:

Is your child over- or under- sensitive to high pitches, noises, or other sounds? If so, please explain:

**SPEECH AND LANGUAGE DEVELOPMENT**

How would you describe your child's speech and language development? (normal, delayed, or advanced)

Did your child begin speaking in single words, then two, then a sentence – or – did he/she not talk for a long while then, all of a sudden spoke in complete sentences?

First words and age spoken:

Describe any speech-related problems:

Does there appear to be a reversal of sounds in speech production? Please explain:

Is there stuttering, slow response time, or hesitant vocal emissions? Please explain:

**ASSESSMENTS**

Assessment	Yes	No	Location	Specialist	Date
Medical/Neurological					
Audiological/Hearing					
Speech					
Educational (school IEP)					
Psychological					
Occupational Therapist					
Vision Developmental Optometrist					
Sensory Integration Physical Therapist					

Comments:

Has your child been previously diagnosed as having a specific disorder? If so, please explain:

Has your child received any special education or special therapy? If so, please explain:

Have there been any specific events or traumas linked to the onset of your child's difficulties? If so, please explain:

Is your marital situation stable and positive at this time?

What stresses, if any, are affecting your family at this time?

Which language(s) is spoken in the home?

Are there any other individuals or family members living at home?

**EDUCATION**

In general, how would you describe your child's learning experience at school from preschool or kindergarten to the present time?

How did your child adapt to the first day(s) at school or preschool? (mostly positive, mixed, or mostly negative)

How old was he/she?

How much did he/she attend per week?

Please give us more detailed information about any difficulties your child encountered in school, beginning with the earliest experience:

Initial school adjustment:

Preschool/daycare:

Primary (K-3)

Junior (4-6)

Intermediate (7-8)

High school (9-12)

Has there been remedial help given outside the school system? If so, please describe:

Does he/she like dancing and sports?

Does he/she take risks or learn only when very comfortable?

**BEHAVIOR / CHARACTER**

How would you describe your child's personality?

What are your child's strengths?

What are your child's weaknesses?

Have there been any specific behavioral problems in the course of your child's development?

What kinds of interests and activities does your child have (hobbies, sports, clubs)? Please list them in order of preference, beginning with the most favorite activity:

How would you describe your child's social adjustment— Home, school, neighborhood

With peers?

With adults?

Please add any other comments you might have regarding your child's behavior and character: