

- Interrupts frequently
- Doesn't listen when being spoken to
- Sudden outbursts of physical abuse of other children
- Acts like he or she is driven by a motor
- Wears out shoes more frequently than siblings
- Heedless to danger
- Excessive number of accidents
- Doesn't learn from experience
- Poor memory
- More active than siblings or peers

Most children exhibit, at one time or another, one or more of the symptoms listed below. Place a P next to those that your child has exhibited in the PAST and an N next to those that your child exhibits NOW. Only mark those symptoms that have been or are present to a significant degree over a period of time. Only check as problems behavior that you suspect is unusual or atypical when compared to what you consider to be the normal for your child's age. Then on page 4, list the symptoms checked off on pages 2-4 and write a brief description including age of onset, duration, and any other pertinent information especially noting changes since this child was last seen by our counselor.

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|--|---|--|
| ___ Thumb sucking | ___ Sleepwalking | ___ Truancy from school |
| ___ Baby talk | ___ Excessive sexual interest and preoccupation | ___ Runs away from home |
| ___ Overly dependent for age | ___ Frequent sex play with other children | ___ Violent outbursts of rage |
| ___ Frequent temper tantrums | ___ Excessive masturbation | ___ Stealing |
| ___ Excessive silliness and clowning | ___ Frequently likes to wear clothing of the opposite sex | ___ Cruelty to animals, children, or others |
| ___ Excessive demands for attention | ___ Exhibits gestures and intonations of the opposite sex | ___ Destruction of property |
| ___ Cries easily and frequently | ___ Frequent headaches | ___ Criminal and/or dangerous acts |
| ___ Generally immature | ___ Frequent stomach cramps | ___ Trouble with the police |
| ___ Eats non-edible substances | ___ Frequent nausea and vomiting | ___ Violent assault |
| ___ Overeating with overweight | ___ Often complains of bodily aches and pains | ___ Fire setting |
| ___ Eating binges with overweight | ___ Worries over bodily illness | ___ Little, if any, guilt over behavior that causes others pain and discomfort |
| ___ Undereating with overweight | ___ Poor motivation | ___ Little, if any, response to punishment for anti-social behavior |
| ___ Long periods of dieting and food abstinence with underweight | ___ Apathy | ___ Few, if any, friends |
| ___ Preoccupied with food—what to eat and what not to eat | ___ Takes path of least resistance | ___ Doesn't seek friendships |
| ___ Preoccupation with bowel movements | ___ Tries to avoid responsibility | ___ Rarely sought by peers |
| ___ Constipation | ___ Poor follow-through | ___ Not accepted by peer group |
| ___ Encopresis (soiling) | ___ Low curiosity | ___ Selfish |
| ___ Insomnia (difficulty sleeping) | ___ Open defiance of authority | ___ Doesn't respect the rights of others |
| ___ Enuresis (bed wetting) | ___ Blatantly uncooperative | ___ Wants things own way with exaggerated reaction if thwarted |
| ___ Frequent nightmares | ___ Persistent lying | |
| ___ Night terrors (terrifying night-time outbursts) | ___ Frequent use of profanity to parents, teachers, and other authorities | |

- | | | |
|--|--|--|
| <input type="checkbox"/> Trouble putting self in other person's position | <input type="checkbox"/> Nail biting | <input type="checkbox"/> Too mature, frequently acts older than actual age |
| <input type="checkbox"/> Egocentric (self-centered) | <input type="checkbox"/> Chews on clothes, blankets, etc. | <input type="checkbox"/> Excessive guilt over minor indiscretions |
| <input type="checkbox"/> Frequently hits other children | <input type="checkbox"/> Head banging | <input type="checkbox"/> Asks to be punished |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Hair pulling | <input type="checkbox"/> Low self-esteem |
| <input type="checkbox"/> Excessively critical of others | <input type="checkbox"/> Picks on skin | <input type="checkbox"/> Excessive self-criticism |
| <input type="checkbox"/> Excessively taunts other children | <input type="checkbox"/> Speaks rapidly and under pressure | <input type="checkbox"/> Very poor tolerance of criticism |
| <input type="checkbox"/> Complains often | <input type="checkbox"/> Irritable, easily "flies off the handle" | <input type="checkbox"/> Feelings easily hurt |
| <input type="checkbox"/> Is often picked on and easily bullied by other children | <input type="checkbox"/> Anxiety attacks with palpitations (heart pounding), shortness of breath, sweating, etc. | <input type="checkbox"/> Dissatisfaction with appearance or body part(s) |
| <input type="checkbox"/> Suspicious, distrustful | | <input type="checkbox"/> Excessive modesty over bodily exposure |
| <input type="checkbox"/> Aloof | | <input type="checkbox"/> Perfectionistic, rarely satisfied with performance |
| <input type="checkbox"/> "Wise-guy" or smart aleck attitude | FEARS | <input type="checkbox"/> Frequently blames others as a cover-up for own shortcomings |
| <input type="checkbox"/> Brags or boasts | <input type="checkbox"/> dark | <input type="checkbox"/> Little concern for personal appearance or hygiene |
| <input type="checkbox"/> Bribes other children | <input type="checkbox"/> new situations | <input type="checkbox"/> Little concern for or pride in personal property |
| <input type="checkbox"/> Excessively competitive | <input type="checkbox"/> strangers | <input type="checkbox"/> "Gets hooked" on certain ideas and remains preoccupied |
| <input type="checkbox"/> Often cheats when playing games | <input type="checkbox"/> being alone | <input type="checkbox"/> Compulsive repetition of seemingly meaningless physical acts |
| <input type="checkbox"/> "Sore loser" | <input type="checkbox"/> death | <input type="checkbox"/> Shy |
| <input type="checkbox"/> "Doesn't know when to stop" | <input type="checkbox"/> separation from parent | <input type="checkbox"/> Inhibited self-expression in dancing, singing, laughing, etc. |
| <input type="checkbox"/> Poor common sense in social situations | <input type="checkbox"/> school | <input type="checkbox"/> Recoils from affectionate physical contact |
| <input type="checkbox"/> Often feels cheated or treated unfairly | <input type="checkbox"/> visiting other children's homes | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Feels others are persecuting him/her when there is no evidence for such | <input type="checkbox"/> going away to camp | <input type="checkbox"/> Fears asserting self |
| <input type="checkbox"/> Typically wants her or his own way | <input type="checkbox"/> animals | <input type="checkbox"/> Inhibits open expression of anger |
| <input type="checkbox"/> Very stubborn | <input type="checkbox"/> other fears (name) | <input type="checkbox"/> Allows self to be easily taken advantage of |
| <input type="checkbox"/> Obstructionistic | <input type="checkbox"/> _____ | <input type="checkbox"/> Frequently pouts and/or sulks |
| <input type="checkbox"/> Negativistic (does just the opposite of what is requested) | <input type="checkbox"/> Disorganized | <input type="checkbox"/> Mute (refuses to speak) but can |
| <input type="checkbox"/> Quietly or silently defiant of authority | <input type="checkbox"/> Tics such as eye-blinking, grimacing, or other spasmodic repetitious movements | <input type="checkbox"/> Gullible and/or naïve |
| <input type="checkbox"/> Feigns or verbalizes compliance or cooperation but doesn't comply with requests | <input type="checkbox"/> Involuntary grunts, vocalizations (understandable or not) | <input type="checkbox"/> Passive and easily led |
| <input type="checkbox"/> Drug use | <input type="checkbox"/> Stuttering | |
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Depression | |
| <input type="checkbox"/> Very tense | <input type="checkbox"/> Frequent crying spells | |
| | <input type="checkbox"/> Excessive worrying over minor things | |
| | <input type="checkbox"/> Suicidal preoccupation, gestures, or attempts | |
| | <input type="checkbox"/> Excessive desire to please authority | |
| | <input type="checkbox"/> "Too good" | |
| | <input type="checkbox"/> Often appears insincere and/or artificial | |

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Excessive fantasizing, “lives in her/his own world” | <input type="checkbox"/> Speech noncommunicative or poorly communicative | <input type="checkbox"/> Hears voices |
| <input type="checkbox"/> Flat emotional tone | | <input type="checkbox"/> Sees visions |

As requested, please first list below symptoms from list above marked with the letter P (for past) and next to each symptom give descriptive information such as when symptom began, how long it lasted, and other important data. Then list symptoms marked with an N (for now) and provide similar information. Please note symptoms that are new or have changed since your last visit.

P or N	Symptom	Brief Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

P or N	Symptom	Brief Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Patient name _____ Date of Birth: _____ Date: _____ Page 1

HEALTH HISTORY QUESTIONNAIRE

MEDICATION ALLERGIES _____

OTHER ALLERGIES _____

REACTION TO ALLERGIES _____

Please check all conditions that currently or have previously applied.

- Problems with vision
- Wear glasses
- Headaches
- Problems with hearing
- Use of a hearing aid
- Lung problems
- Shortness of breath
- Chronic cough
- Stomach problems
- Ulcers
- Constipation
- Diarrhea
- Low blood pressure
- High blood pressure
- Dizziness
- Heart disease
- Chest pain
- Diabetes
- Thyroid problems
- Other hormone problems
- Problems with sense of smell
- Problems swallowing
- Swelling in feet, ankles, legs
- Problems with sexual functioning
- Currently pregnant
- Abortions/Miscarriages
- Menstrual problems...Date of last menstrual period _____
- Joint pain
- Arthritis
- Urinary problems
- Seizures
- Weight gain Amount _____ In what period of time _____
- Weight loss Amount _____ In what period of time _____
- Problems with appetite
- Trouble sleeping

- Check if you drink alcohol
Type _____
How often _____
How much _____
Age first used _____
Most recent use _____
- Check if you use tobacco
Type _____
How much _____
How often _____
How long _____
- Check if you use drugs other than prescribed for you
Type _____
How much _____
How often _____
First use _____
Last use _____
- Check if you have a history of IV drug use or sharing needles

List any medical illness for which you are presently or have previously been treated _____

Date of last physical exam _____ Where _____

List current prescribed medications, including dose and frequency, that you are taking _____

