

**Christina Watson, Psy.D.**  
**Clinical Psychologist, PSY 19976**  
**16870 West Bernardo Dr., Ste 400**  
**San Diego, CA 92127**  
**858-342-4262**

Today's date \_\_\_\_\_

Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Home address \_\_\_\_\_

Home phone number \_\_\_\_\_

Cell phone number \_\_\_\_\_

Occupation \_\_\_\_\_

Employer/College \_\_\_\_\_

Highest level of education attained \_\_\_\_\_

Marital Status \_\_\_\_\_

Spouse's Name (if married) \_\_\_\_\_

Children (names and ages) \_\_\_\_\_

Family of Origin (Parents' and Siblings' names, ages, and occupations) \_\_\_\_\_

Who lives in your home? \_\_\_\_\_

What are the main concerns that bring you in at this time? \_\_\_\_\_

What are your strengths? \_\_\_\_\_

BIRTH HISTORY:

Birth weight \_\_\_\_\_ lbs \_\_\_\_\_ oz

Any problems during pregnancy? \_\_\_\_\_

Were you born more than 2 weeks before due date? \_\_\_\_\_

Delivery was: Natural \_\_\_\_\_ C-section \_\_\_\_\_ (emergency? \_\_\_\_\_)

Any problems during delivery? \_\_\_\_\_

Were any of the following used during pregnancy?

\_\_\_\_\_ tobacco/cigarettes \_\_\_\_\_ alcohol \_\_\_\_\_ prescription medications

\_\_\_\_\_ marijuana \_\_\_\_\_ methamphetamine (specify: \_\_\_\_\_)

\_\_\_\_\_ cocaine \_\_\_\_\_ heroin/opiates \_\_\_\_\_)

\_\_\_\_\_ Other (specify) \_\_\_\_\_

DEVELOPMENTAL HISTORY:

Any delays in:

\_\_\_\_\_ Gross motor skills (specify:)

\_\_\_\_\_ sitting up \_\_\_\_\_ standing alone \_\_\_\_\_ crawling \_\_\_\_\_ walking

\_\_\_\_\_ throwing/catching a ball \_\_\_\_\_ riding a bike

\_\_\_\_\_ Fine motor skills (specify:)

\_\_\_\_\_ self-feeding \_\_\_\_\_ buttoning \_\_\_\_\_ cutting straight lines \_\_\_\_\_ zippers

\_\_\_\_\_ self-dressing \_\_\_\_\_ tying shoes \_\_\_\_\_ holding a pencil \_\_\_\_\_ handwriting

\_\_\_\_\_ Speech and language (specify:)

\_\_\_\_\_ responding to name \_\_\_\_\_ first word \_\_\_\_\_ putting 2 words together

\_\_\_\_\_ understandable to strangers \_\_\_\_\_ conversational skills

\_\_\_\_\_ Toilet training (specify:)

\_\_\_\_\_ nighttime bladder control \_\_\_\_\_ daytime bladder control

\_\_\_\_\_ bowel control

Note any of the above areas that were mastered earlier than expected:

\_\_\_\_\_

HEALTH HISTORY (indicate yes or no, and if yes, explain):

History of frequent ear infections? \_\_\_\_\_ Tubes? \_\_\_\_\_

Recent vision exam? \_\_\_\_\_ Date \_\_\_\_\_ Glasses? \_\_\_\_\_

Recent hearing exam? \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

Genetic disorder/syndrome? \_\_\_\_\_

Serious illnesses? \_\_\_\_\_

Broken bones? \_\_\_\_\_

Head injury? (note if loss of consciousness) \_\_\_\_\_

Hospitalizations? \_\_\_\_\_

Surgery? \_\_\_\_\_

Current Medications: \_\_\_\_\_

FAMILY HISTORY:

Primary language \_\_\_\_\_

Ethnicity \_\_\_\_\_

Religious affiliation: \_\_\_\_\_

List if you or any biological relatives have the following:

ADHD/ADD \_\_\_\_\_

Dyslexia/Reading delays \_\_\_\_\_

Math delays \_\_\_\_\_

Other learning challenges \_\_\_\_\_

Speech/language delays \_\_\_\_\_

Behavior problems \_\_\_\_\_

Genetic syndrome/intellectual disability \_\_\_\_\_

Substance abuse \_\_\_\_\_

Anxiety/panic disorder/OCD \_\_\_\_\_

Depression \_\_\_\_\_

Bipolar disorder \_\_\_\_\_

Schizophrenia \_\_\_\_\_

SCHOOL HISTORY:

Did you attend preschool? \_\_\_\_\_

Did you ever repeat a grade? \_\_\_\_\_ If so, which grade? \_\_\_\_\_

Have you ever been tested by a school or another psychologist for special education services or workplace accommodations? \_\_\_\_\_ When? \_\_\_\_\_ Any diagnoses: \_\_\_\_\_

(SUBMIT ALL REPORTS AND IEPs WITH THIS FORM)

Have you ever received services under an IEP or 504 Plan? \_\_\_\_\_

What services? \_\_\_\_\_

List all schools attended: \_\_\_\_\_

Did you ever receive any kind of services outside of school (tutoring, speech therapy, counseling, etc.)? \_\_\_\_\_

What have you tried on your own to help with your challenges? \_\_\_\_\_

SOCIAL HISTORY:

Describe your social relationships as a child (i.e., did you have many friends? a best friend? any bullying? etc.): \_\_\_\_\_

As a child, were you enrolled in any sports, music lessons, Scouts, or other extracurricular activities? If so, please list: \_\_\_\_\_

What do you currently enjoy doing for fun? \_\_\_\_\_

Describe your current social life: \_\_\_\_\_

Please indicate how often you exhibit the behaviors listed in the following chart:

Behavior	Rarely/Never	Sometimes	Often/Always
Makes detail or careless mistakes in work			
Has trouble holding attention in tasks or activities			
Does not listen when spoken to directly			
Fails to follow through on instructions and fails to finish tasks (loses focus, gets side-tracked)			
Difficulty organizing tasks and activities			
Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort			
Loses needed supplies			
Easily distracted			
Forgetful for daily routines			
Trouble staying focused on tasks that are not electronic or favorite activities			
Trouble with transitions			
Daydreams/Zones out			
Fidgets with or taps hands or feet, or squirms in seat			
Leaves seat in situations where remaining seated is expected			
Runs about or climbs in situations where it is not appropriate			

Behavior	Rarely/Never	Sometimes	Often/Always
Unable to engage in tasks quietly			
Acts as if “driven by a motor” and is “on the go”			
Talks excessively			
Blurts out answers before questions have been completed			
Has trouble waiting for a turn			
Interrupts or intrudes on conversations			
Trouble learning the names of letters and numbers in preschool			
Trouble learning to tie shoes			
Trouble learning to tell time on a clock with hands			
Difficulty learning right vs left			
Word-finding problems — lots of “thingies” and “what do you call it”s			
Poor ability to sound out words for reading			
Poor ability to sound out words for spelling			
Seems to learn information in school but quickly forget it			

Behavior	Rarely/Never	Sometimes	Often/Always
Inconsistent performance; good days and bad days			
Slow reading speed			
Weak reading comprehension			
Trouble memorizing math facts			
Trouble with applying math concepts, such as to word problems			
Messy penmanship			
Slow, non-automatic handwriting			
Trouble with written expression of ideas			
Trouble with verbal expression of ideas			
Weak vocabulary skills			
Misunderstands what others are trying to communicate			
Trouble following conversations with peers			
Misses nonverbal social cues, such as tone of voice, body language, and facial expression			

Behavior	Rarely/Never	Sometimes	Often/Always
Does not get humor or metaphors/takes everything literally			
Poor spatial organization on paper (lining up words or keeping numbers in columns)			
Trouble learning to ride a bike; poor balance			
Clumsy, runs into things and falls more than peers			

Please include any additional information that you believe is relevant or may be helpful to me in my evaluation: \_\_\_\_\_

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Thank you for your time and effort in completing this form. I look forward to working with you!

Sincerely,  
Christina Watson, Psy.D.