

**Christina Watson, Psy.D.
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Today's date_____

Name of Child_____

Date of birth_____ Age_____

School_____ Grade_____

Home address_____

Home phone number_____

Name of person completing this form_____

Parent 1 name_____

Parent 1 address (if different)_____

Parent 1 cell phone number_____

Parent 2 name_____

Parent 2 address (if different)_____

Parent 2 cell phone number_____

Parents' marital status_____

Parents' occupations_____

Other guardians/parental figures (names and relationships)_____

Child lives with_____

Siblings (names and ages)_____

Immediate family members who do not live with the child_____

What are your main concerns about your child? _____

What are your child's strengths? _____

BIRTH HISTORY:

Birth weight _____ lbs _____ oz

Any problems during pregnancy? _____

Was your child born more than 2 weeks before due date? _____

Delivery was: Natural _____ C-section _____ (emergency? _____)

Any problems during delivery? _____

Any problems after 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 are still not mastered:

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? _____

If glasses, note for distance, for reading, etc. _____

Recent hearing exam? _____ Date _____ Results _____

Genetic disorder/syndrome? _____

Serious illnesses? _____

Broken bones? _____

Head injury? (note if loss of consciousness) _____

Allergies? (specify) _____

Hospitalizations? _____

Surgery? _____

Trauma of any kind? (abuse, bullying, etc.) _____

Sensory issues? _____

Current Medications: _____

FAMILY HISTORY:

Primary language _____

Ethnicity _____

Religious affiliation: _____

List any biological relatives with the following:

ADHD/ADD _____

Dyslexia/Reading delays _____

Math delays _____

Other learning challenges _____

Speech/language delays _____

List any biological relatives with the following:

Behavior problems_____

Genetic syndrome/intellectual disability_____

Substance abuse_____

Anxiety/panic disorder/OCD_____

Depression_____

Bipolar disorder_____

Schizophrenia_____

SCHOOL HISTORY:

Did your child attend preschool? _____ Where? _____

Has your child ever repeated a grade? _____ If so, which grade? _____

Has your child ever been tested by the school or another psychologist for special education services? _____ When? _____

(SUBMIT ALL REPORTS AND IEPS WITH THIS FORM)

Is your child currently receiving services under IEP or 504 Plan? _____

What services? _____

List any other schools your child attended prior to the current one: _____

_____What services has your child received outside of school (tutoring, speech therapy, counseling, etc.)? _____

_____What have you tried at home to help your child with these challenges? _____

_____**SOCIAL HISTORY:**Describe your child's social relationships (i.e., does he or she have friends? a best friend? any bullying? etc.): _____

Is your child enrolled in any sports, music lessons, Scouts, or other extracurricular activities? If so, please list: _____

What does your child enjoy doing for fun? _____

Please indicate how often your child exhibits 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			

Behavior	Rarely/Never	Sometimes	Often/Always
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			
Unable to play 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 his/her turn			
Interrupts or intrudes on conversations			
Trouble learning the names of letters and numbers			
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			

Behavior	Rarely/Never	Sometimes	Often/Always
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			
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			
Does not seem to understand what he or she is being told			

Behavior	Rarely/Never	Sometimes	Often/Always
Trouble following conversations with peers			
Seems to miss nonverbal social cues, such as tone of voice, body language, and facial expression			
Does not get humor or metaphors because he or she takes everything so 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 understanding your child: _____

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

Sincerely,

Christina Watson, Psy.D.