



PATIENT'S MEDICAL INFORMATION

Child's Name: _____

Age: _____ Date of Birth: _____

Name of School/ Preschool and Year: _____

The main reasons for attendance:

1 _____

2 _____

3 _____

What do you expect from this consultation? _____

Is there any specific disorder that you are worried about? Are there any developmental disorders or significant illnesses in the extended family?

THE FAMILY

Mother's Name / Age: _____

Father's Name / Age: _____

Siblings Names / Ages: 1 _____

2 _____

3 _____

Cultural background and religion: _____

Languages spoken at home: _____

THE CHILD'S HEALTH AND DEVELOPMENTAL PROGRESS

Child's name: _____ Date: _____

Birth weight: _____ Apgar Scores: _____ Delivery: _____

Immunizations: _____ Allergies: _____

Current Medications: _____

Please list any health or developmental/behavioural concerns your child had over the years and the results of any previous investigations or treatment.

If you had no concerns please circle NO

If you had concerns, please circle YES and provide some details.

HEALTH concerns may include: illnesses, hospitalization, surgery, injury.

DEVELOPMENTAL concerns may include: vision or hearing impairment, gross or fine motor difficulties, language delay, social difficulties, concerns about cognitive skills: concentration, memory.

BEHAVIOURAL concerns may include: tantrums, emotional meltdowns, aggression, defiance, fears, sleep problems, fussy eating.

| TIME/AGE | CONCERNS | | Health/Development/Behaviour | Investigations/Treatment |
|--------------------------------------|----------|-----|------------------------------|--------------------------|
| PRIOR TO BIRTH | NO | YES | _____ | _____ |
| BIRTH | NO | YES | _____ | _____ |
| INFANCY 1 month -12 months | NO | YES | _____ | _____ |
| TODDLER YEARS 1 -3 years | NO | YES | _____ | _____ |
| PRESCHOOL YEARS | NO | YES | _____ | _____ |
| EARLY PRIMARY SCHOOL 5-9 years | NO | YES | _____ | _____ |
| LATE PRIMARY SCHOOL 9-12 years | NO | YES | _____ | _____ |
| HIGH SCHOOL 12-18 years | NO | YES | _____ | _____ |

Please identify any other issues not listed above: _____

