



Dr. Stephanie Cristina, C.Psych.
Clinical & Educational Psychologist

BACKGROUND HISTORY FORM

Child's Name:

Date of Birth:

Age:

Sex:

Home Address:

Home Phone:

School:

Grade:

Special Placement (if any):

Child's Birthplace:

If not born in Canada, date of immigration:

Child's first language:

Primary language spoken at home:

Person(s) completing form:

Relationship to Child:

Parents' marital status:

If separated/divorced, custody status:

Age of child at time of separation:

If joint custody, are both parents required to provide written consent for health care services?

Are there step-parents involved with this child?

Are there children other than siblings living with the child?

Mother's name:

Age:

Education:

Occupation:

Place of Work:

Home phone:

Work Phone:

Email:

Cell phone:

Father's name

Age:

Education:

Occupation:

Place of Work:

Home Phone

Work Phone:

Email:

Cell phone:

Referral Information:

Why are you seeking services for this child? _____

Who referred you to this service ? _____

Name of Sibling	Age	Sex	Living with Child?
1.			
2.			
3.			
4.			
5.			

Do any siblings have any significant academic/social/emotional/behavioural difficulties?

Did parents or other relatives experience any difficulties similar to those the child is experiencing, or other significant issues?

Child's Physician:

Pregnancy:

Duration:

Prenatal issues (e.g. toxemia, bleeding, high risk)?

Smoking or alcohol consumption?

Medications taken:

Delivery:

Type of labour: Spontaneous _____ Induced _____ Duration (hrs.) _____

Type of delivery: Normal _____ Breech _____ Caesarean _____

Complications:

Birth Weight:

Post-delivery:

Jaundice _____ Cyanosis (turned blue) _____ Incubator _____

Number of days in hospital after delivery _____

Infancy:

Breast or bottle fed?

Feeding problems:

Sleeping problems:

Did the child enjoy being held?

Was the child easy to soothe/calm?

Was the child social/interested in other people?

Did the child make eye contact?

Was the child able to separate from parent(s)?

When was the child toilet trained?

Has the child had any difficulty with bed wetting since being trained?

Temperament:

Activity level – How active has your child been from an early age?

Distractibility – How well does your child pay attention?

Approach/Withdrawal – How well does your child respond to new things (places, people, food, etc.)?

Intensity – Whether happy or unhappy, how aware are others of your child's feelings?

Mood – What was your child's basic mood in his/her early years?

Regularity – How predictable were your child's patterns of sleep, appetite, etc. in his/her early years?

Medical History:

Has your child experienced any serious illnesses, head injury, surgery, or accidents? If yes, please describe and give age of occurrence:

School absences due to illness?

History of seizures/convulsions?

History of ear infections?

Eyesight tested?

Hearing tested?

Medication(s) (past and present)?

Allergies?

Has your child received services from other health professionals? Please provide approximate dates:

Speech therapy _____

Occupational therapy _____

Physiotherapy _____

Allergist _____

Naturopath _____

Chiropractor _____

Counseling/ play therapy _____

Psycho-educational assessment _____

Specialists (e.g., respirologist, orthopedics, etc.) _____

Other _____

If your child's first language is not English, has his/her language development in his/her first language been typical?

Can your child read/write in his/her first language?

Family Medical History:

If any members of the child's immediate family (parents, siblings) have experienced any of the following health issues, please check, and indicate whether the issue is past (P) or current (C):

Alcoholism:

Cancer:

Diabetes:

Heart trouble:

Attention issues:

Depression:

Anxiety:

Suicide attempt:

Other mental health (e.g., bipolar, schizophrenia)

Academic/learning issues:

Comments:

Developmental Progress:**Milestones:**

Please indicate the age at which your child first demonstrated each behaviour. If you are not certain of the age, but have some idea, write the age followed by a question mark. If you don't remember the age, write a question mark.

Showed response to mother:

Sat alone:

Walked alone:

Spoke first word:

Dressed self:

Rode tricycle:

Tied shoes:

Named colours:

Began to read:

Rolled over:

Crawled:

Babbled:

Put several words together:

Fed self:

Rode bicycle:

Buttoned clothing:

Said alphabet in order:

Coloured in lines:

How would you describe your child's **motor development** and coordination (e.g., running, jumping, throwing, catching, cutting with scissors, printing/writing, etc.) during childhood, compared to other children?

Advanced _____

Average _____

Slow _____

Not sure _____

Comments:

How would you describe your child's **social development** (e.g., development of friendships, relationships with peers, relationships with adults, etc.) compared to other children ?

Advanced _____

Average _____

Slow _____

Not sure _____

Comments:

How would you describe your child's **cognitive development** (e.g., counting, knowledge of alphabet, doing puzzles, understanding concepts, etc.) during early childhood?

Advanced _____
 Average _____
 Slow _____
 Not sure _____

Comments:

School History:

What is your child's current grade level?

How many schools has your child attended?

Any grade repetitions?

Any special education class placements?

Does your child receive resource/special education assistance?

Does your child have an Individual Education Plan (IEP)?

Has your child been identified as an exceptional student through the IPRC process?

Which of the following describes your child's current attitude toward school?

Enjoys school	_____	Usually gets along with teachers	_____
Feels neutral about school	_____	Usually gets along with peers	_____
Complains about going to school	_____	Usually has problems with teachers	_____
Is afraid to go to school	_____	Usually has problems with peers	_____
Tries to avoid going to school	_____		

Which of the following describes your child's current strengths and weaknesses in school. Please identify all strengths with an S and all weaknesses with a W and mark only those that apply.

Concentration	_____	Organization	_____
Papers/reports	_____	Handwriting	_____
Written Expression	_____	Memorizing	_____
Assignments on time	_____	Being careful/checking work	_____
Vocabulary/ verbal expression	_____	Understanding concepts	_____
Behaving appropriately	_____	Sounding out words	_____
Reading speed	_____	Reading Comprehension	_____
Spelling	_____	Effort/ persistence	_____
Controlling impulses	_____	Controlling emotions	_____
Planning ability	_____	Processing speed	_____
Following directions	_____	Arithmetic	_____

Briefly describe performance and concerns in each grade category:

Kindergarten:

Primary:

Junior/Intermediate:

High School:

Has your child experienced any significant behavioural problems at school? Please describe:

Does your child have difficulty paying attention/sitting still at school?

Does your child have friends at school?

Does your child see friends from school outside of school hours?

Is your child invited to social events by other children (e.g., birthday parties)?

Has your child ever been suspended from school? If so, please state reasons and approximate dates:

Other Information:

What are your child's favourite activities/hobbies/interests?

What activities does your child like the least?

What extracurricular activities does your child participate in?

Does your child have behavioural challenges at home? If so, what types of problems?

What disciplinary techniques are most effective with your child?

What disciplinary techniques are usually ineffective?

What have you found to be the most effective ways of helping your child?

Does your child work well for short term rewards?

Long term rewards?

Have you participated in a parenting class or obtained other forms of information concerning discipline and behaviour management?

What are your child's strengths?

Is there any other information you feel is important for us to know about your child?

Thank you so much for taking the time to provide this important information!