

# Family Data Report

Family data to be filled out by parents

Date: \_\_\_\_\_ Child's name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Adopted? \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Education: \_\_\_\_\_ years

Father's employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Education: \_\_\_\_\_ years

Mother's employment: \_\_\_\_\_

## Other children in the home:

\_\_\_\_\_

Name and Age

\_\_\_\_\_

Name and Age

\_\_\_\_\_

Name and Age

\_\_\_\_\_

Name and Age

## Other relatives or persons living in the home:

\_\_\_\_\_

Name and Relationship

\_\_\_\_\_

Name and Relationship

\_\_\_\_\_

Name and Relationship

\_\_\_\_\_

Name and Relationship

## Underline appropriate items below

- (Our/My) reason for bringing child in today is (routine check-up, physical problems, speech problems, poor school work, behavior problems, not doing well at home or school).
- This problem has been going on for (weeks, months, year, or more).
- Child lives with (biological mother, biological father, stepmother, stepfather).
- (Father, mother, neither, both) had similar problems.
- Child (disrupts, gets along with) family.
- Child has mostly been a source of (pride, worry, friction) for the family.
- Parents (agree, disagree) on how to discipline the child.
- Discipline has been (strict, lenient, inconsistent, all of these).
- Marital problems are (none, mild, moderate, severe).
- Parents have problems of (alcoholism, chronic disease, mental illness, none).
- Other children in the home have problems with (school behavior, grades, illness, emotional adjustment).

Please complete the following:

Your child:

- |                                                                                           |     |    |
|-------------------------------------------------------------------------------------------|-----|----|
| 1. Often loses temper                                                                     | Yes | No |
| 2. Often argues with adults                                                               | Yes | No |
| 3. Often actively defies or refuses adult requests (eg. refuses to do chores at home)     | Yes | No |
| 4. Often deliberately does things to annoy other people (eg. grabs other children's hats) | Yes | No |
| 5. Often blames others for his/her own mistakes                                           | Yes | No |
| 6. Often is touchy or easily annoyed by others                                            | Yes | No |
| 7. Often is angry and resentful                                                           | Yes | No |
| 8. Often is spiteful or vindictive                                                        | Yes | No |
| 9. Often swears or uses obscene language                                                  | Yes | No |

Your child:

- |                                                                                                                                    |     |    |
|------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Has stolen without confrontation of a victim on more than one occasion, (including forgery)                                     | Yes | No |
| 2. Has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning) | Yes | No |
| 3. Often lies (other than to avoid physical or sexual abuse)                                                                       | Yes | No |
| 4. Has deliberately engaged in fire-setting                                                                                        | Yes | No |
| 5. Often is truant from school (for older person, absent from work)                                                                | Yes | No |
| 6. Has broken into someone else's house, building, or car                                                                          | Yes | No |
| 7. Has deliberately destroyed other's property (other than by fire-setting)                                                        | Yes | No |
| 8. Has been physically cruel to animals                                                                                            | Yes | No |
| 9. Has forced someone into sexual activity with him or her                                                                         | Yes | No |
| 10. Has used a weapon in more than one fight                                                                                       | Yes | No |
| 11. Often initiates physical fights                                                                                                | Yes | No |
| 12. Has stolen with confrontation of a victim (eg. mugging, purse Snatching, extortion, armed robbery)                             | Yes | No |
| 13. Has been physically cruel to people                                                                                            | Yes | No |

## Pregnancy History – Mother

While you were pregnant with this child were you under a doctor's care? Yes No

During this pregnancy, did you have:

	When	Describe
Anemia	Y / N	_____
High Blood Pressure	Y / N	_____
Toxemia	Y / N	_____
Swollen Ankles	Y / N	_____
Kidney Disease	Y / N	_____
Heart Disease	Y / N	_____
Bleeding	Y / N	_____
Measles	Y / N	_____

German Measles	Y / N	_____
Flu	Y / N	_____
Other virus	Y / N	_____
Other Illness	Y / N	_____
Vomiting	Y / N	_____
Injury	Y / N	_____
Medication	Y / N	_____
Emotional problems	Y / N	_____
Threatening miscarriage	Y / N	_____
Early contractions	Y / N	_____

## Birth History

- How many hours from the first contraction until birth? \_\_\_\_\_
- Were you given medication? Yes\_\_\_ No\_\_\_ What kind? \_\_\_\_\_
- Did you have natural childbirth? Yes\_\_\_ No\_\_\_
- Were you under anesthesia during childbirth? Yes\_\_\_ No\_\_\_
- Was labor induced? Yes\_\_\_ No\_\_\_ Was induced labor planned? Yes\_\_\_ No\_\_\_
- Was this a breech (feet first) delivery? Yes\_\_\_ No\_\_\_
- Was the delivery unusual in any way? Yes\_\_\_ No\_\_\_ Explain \_\_\_\_\_
- Did you have a cesarean? Yes\_\_\_ No\_\_\_ Were there complications? Yes\_\_\_ No\_\_\_
- Did you have twins? Yes\_\_\_ No\_\_\_ Was this child born first? Yes\_\_\_ No\_\_\_
- Did this baby have: Breathing problems? Yes\_\_\_ No\_\_\_ Don't know\_\_\_  
Cord around neck? Yes\_\_\_ No\_\_\_ Don't know\_\_\_
- Did this baby cry quickly? Yes\_\_\_ No\_\_\_ Don't know\_\_\_
- Was the baby's color normal? Yes\_\_\_ No\_\_\_ Don't know\_\_\_
- Was oxygen used for the baby? Yes\_\_\_ No\_\_\_ How long? \_\_\_\_\_
- Was the baby premature? Yes\_\_\_ No\_\_\_ How much? \_\_\_\_\_
- What did the baby weigh? \_\_\_\_\_
- Did you take the baby home with you from the hospital? Yes\_\_\_ No\_\_\_ How long after? \_\_\_\_\_
- Did you have problems with feeding? Yes\_\_\_ No\_\_\_ Describe \_\_\_\_\_
- Was the baby normally active? Yes\_\_\_ No\_\_\_ Describe \_\_\_\_\_

## Developmental History (as well as you remember)

Held head up \_\_\_\_\_ Turned over \_\_\_\_\_ Smiled at parents \_\_\_\_\_ Crawled \_\_\_\_\_ Sat up \_\_\_\_\_  
 Pulled up at crib \_\_\_\_\_ Walked with help \_\_\_\_\_ Walked alone \_\_\_\_\_ Bottle fed? \_\_\_\_\_  
 Breast fed? \_\_\_\_\_ Age weaned \_\_\_\_\_ Said 4-10 words \_\_\_\_\_ Used sentences \_\_\_\_\_  
 Speech problems? \_\_\_\_\_ Held out arms to be picked up \_\_\_\_\_ Said "No" to everything \_\_\_\_\_  
 Shy or timid \_\_\_\_\_ Liked attention \_\_\_\_\_ Friendly baby? \_\_\_\_\_ Affectionate? \_\_\_\_\_  
 Wanted to be left alone? \_\_\_\_\_ More interested in things than in people? \_\_\_\_\_ Stubborn? \_\_\_\_\_  
 Ate well? \_\_\_\_\_ Fed self, age \_\_\_\_\_ Temper tantrums? \_\_\_\_\_ Breath holding? \_\_\_\_\_  
 Tears up toys more than normal? \_\_\_\_\_ Much too active? \_\_\_\_\_ Bowel trained, age \_\_\_\_\_ Dry at  
 what age \_\_\_\_\_ Age helped with dressing \_\_\_\_\_ Age dressed alone \_\_\_\_\_  
 Right or left handed? \_\_\_\_\_ Age this settled? \_\_\_\_\_ Well coordinated? \_\_\_\_\_ Clumsy? \_\_\_\_\_  
 Good with hands? \_\_\_\_\_ Blank spells? \_\_\_\_\_ Falling spells? \_\_\_\_\_ Dare-devil behavior? \_\_\_\_\_  
 Impulsiveness? \_\_\_\_\_ Unusual Fears? \_\_\_\_\_ Sleep problems? \_\_\_\_\_ Rocking? \_\_\_\_\_  
 Head bumping? \_\_\_\_\_

## Language

1. Does your child have speech problems?	None	Mild	Severe
2. Do you feel your child cannot hear well or cannot remember your instructions when asked to do something?	Rarely	Sometimes	Often
3. Does your child fumble for the right words when trying to tell you something?	Rarely	Sometimes	Often

## Emotional Response

1. Compared with other children his age, is your child:			
To anger?	Slower	Same	Quick
To cry?	Slower	Same	Quick
To laugh?	Slower	Same	Quick
2. Are his/her emotions more intense than other children his/her age?	Rarely	Sometimes	Often
3. Does your child have trouble keeping a close friend?	Rarely	Sometimes	Often
4. Does your child get extremely upset at disappointments?	Rarely	Sometimes	Often
5. Is your child excitable?	Rarely	Sometimes	Often

## School Information

Do school personnel report the following about your child?

Poor reader	Yes	No	Don't Know
Distractible	Yes	No	Don't Know
Inattentive	Yes	No	Don't Know
Disturbs other children	Yes	No	Don't Know
Doesn't complete his/her work	Yes	No	Don't Know
Excessive talking	Yes	No	Don't Know
Daydreams	Yes	No	Don't Know
Slow moving, slow responding	Yes	No	Don't Know
Fights	Yes	No	Don't Know
Gets out of seat without permission	Yes	No	Don't Know
Difficulty in following instructions	Yes	No	Don't Know
Difficulty in thinking of words to say	Yes	No	Don't Know

Signature of person completing form: \_\_\_\_\_