

CHILD AND ADOLESCENT FORM

Applicable to patients under 18 years of age

To be completed by parent(s)/guardian(s)

Patient Name _____ Date _____

Name and relationship of individual filling out form _____

A. Pregnancy and Early Childhood (0 - 3 years of age)

- a. Pregnancy and delivery problems _____
- b. Congenital problems _____
- c. Feeding habits _____
- d. Physical development (including walking) _____
- e. Speech development _____
- f. Toilet training _____
- g. Behavior problems _____
- h. Personality type (shy, friendly) _____
- i. Health of physical problems _____
- j. Family problems _____
- k. Name of pediatrician _____
- l. Allergies (including drugs) _____
- m. Medication(s) _____
- n. Other _____

B. Middle Childhood (4 - 11 years of age)

- a. Peer relationships _____
- b. School performance _____
- c. Name of school _____
- d. Intellectual performance _____
- e. Health and medication(s) _____
- f. Traumas _____
- g. Sexual issues _____
- h. Honesty issues _____
- i. Other issues _____

C. Teenage Years (12 - 18 years of age)

- a. School performance _____
- b. Name of school _____
- c. Sexual development _____
- d. Future planning _____
- e. Honesty issues _____
- f. Health problems _____
- g. Friend relationships _____
- h. Development of independence _____
- i. Alcohol abuse _____
- j. Drug abuse _____
- k. Legal problems _____
- l. Tobacco use _____
- m. Caffeine _____
- n. Health and medication(s) issues _____
- o. Other issues _____