McCray Psychological Services, Inc.

Client History Form

(Complete and email back ASAP by choosing "SUBMIT" at end of this form)

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- Please help us get to know your child by completing this entire form **THEN SELECT THE "SUBMIT" BUTTON AT THE END OF THIS FORM.**
- Please **DO NOT SKIP QUESTIONS**. When possible, put "NA" if a question does not apply, if you cannot recall write "DK" (don't know), and if unsure of what the question means place a "?"
- Please do not try to type out long/complicated issues on this form, as they will be discussed during the interview.

This form was completed by: _____ Date: _____

Client/Child's Name: _____ Date of Birth: _____

Historical Facts:

Family members living within the home	Relationship: _____ Age: _____ Within the home: ☐ Full-time ☐ Part-time Relationship: _____ Age: _____ Within the home: ☐ Full-time ☐ Part-time Relationship: _____ Age: _____ Within the home: ☐ Full-time ☐ Part-time Relationship: _____ Age: _____ Within the home: ☐ Full-time ☐ Part-time Relationship: _____ Age: _____ Within the home: ☐ Full-time ☐ Part-time
Language within home	☐ English ☐ Spanish ☐ Other: _____
Has the family moved in the client's lifetime?	☐ No ☐ Yes, client's age at time of move: _____ Adjusted: ☐ Well overall ☐ Great difficulties ☐ Other

Birth:

How old was the mother at the age of the client's birth?	_____ years old.
Prenatal care received.	☐ Yes within the first trimester. ☐ No, not until _____ weeks' gestation. ☐ No, never received.
Exposure to illegal or toxic substances while pregnant. i.e. cigarettes, alcohol, chemicals at work, etc.	☐ None. ☐ Yes. Please list type and extent of use: _____ _____
Difficulties with pregnancy (not delivery)	☐ None. ☐ Yes.
Amniocentesis (amniotic fluid removed by needle)	☐ Completed with normal results ☐ Not completed (Not a typical test for people <35 years old)
Gestation	Child was born at _____ weeks gestation (40 weeks is typical).
Delivery	☐ Vaginally. ☐ Cesarean section.

Complications	☐ No significant difficulties. ☐ Difficulties included: _____
Birth weight and length	_____ pounds- _____ ounces and _____ inches long.
APGAR scores (if known)	_____ at one minute and _____ at five minutes. ☐ Unknown (most parents do not know these scores).
Postnatal issues for client	☐ None, left hospital in normal time frame. ☐ NICU care required for _____ days: Issues included: ☐ Jaundice ☐ Breathing difficulties ☐ Other:

Medical: ("Significant" means beyond typical childhood illnesses/experiences)

Significant illnesses	☐ None. ☐ Yes, age _____ Type of illness: _____ Any significant/long-term change(s) in behavior after this: ☐ No ☐ Yes More than one significant illness: ☐ No ☐ Yes
Significant injuries	☐ None. ☐ Yes, age ____ Any significant/long-term change(s) in behavior after this: ☐ No ☐ Yes More than one significant injuries: ☐ No ☐ Yes
Overnight hospitalizations	☐ None ☐ Yes
Surgeries	☐ None. ☐ Yes, age _____ Any significant/long-term change(s) in behavior after this: ☐ No ☐ Yes More than one surgery: ☐ No ☐ Yes
Signs of seizures	☐ No. ☐ Unsure, may be showing signs of seizures. ☐ Yes, age of first seizure ____ & most recent seizure _____ ☐ Grand Mal/Tonic-Clonic. ☐ Petit Mal/Absence. Typical frequency of seizures: _____
Ear infections	☐ Never had an ear infection. ☐ A few but not on a chronic or severe basis. ☐ Regularly/several. Age of first ear infection: _____ Age of last ear infection: _____
Allergies	☐ No environmental, food, or medication allergies are evident at this time. ☐ Yes, seasonal/environmental allergies to: _____ _____ ☐ Mild ☐ Moderate ☐ Severe Treated with: _____ ☐ Yes, food allergies to: _____ ☐ Mild ☐ Moderate ☐ Severe Treated with: _____ ☐ Yes, medication allergies to: _____ ☐ Mild ☐ Moderate ☐ Severe Treated with: _____
Asthma	☐ No issues with asthma.

	☐ Yes. Frequency of attacks or needed treatment: _____ ☐ Mild ☐ Moderate ☐ Severe Treated with: _____
Psychotropic medications (medications for psychological issues)	☐ No psychotropic medications prescribed at this time or in the past. ☐ Yes. Medication: _____ To address what issues: _____ Approximate date or age started: _____ Approximate date or age stopped: _____ If stopped, why? _____ Effectiveness ☐ mild ☐ moderate ☐ very good Medication: _____ To address what issues: _____ Approximate date or age started: _____ Approximate date or age stopped: _____ If stopped, why? _____ Effectiveness ☐ mild ☐ moderate ☐ very good
Hearing	☐ Hearing never tested. ☐ Hearing last tested on: _____ (Approximate age) Results: ☐ Normal ☐ Unknown, cooperation issues. ☐ Decreased hearing. **AND** Do you have any concern about the client's hearing, regardless of test results? ☐ No ☐ Yes
Vision	☐ Vision never tested. ☐ Vision last tested on: _____ (Approximate age) Results: ☐ Normal ☐ Nearsighted ☐ Farsighted Glasses/contacts prescribed: ☐ Yes ☐ No **AND** Do you have any concern about the client's vision, regardless of test results? ☐ No ☐ Yes
Eating patterns	☐ Good, healthy appetite and he/she eats variety of foods. ☐ Very picky or limited eater compared to same age peers.
Sleeping-Going to bed	☐ Client does not have difficulty falling asleep. ☐ Client often resists or has difficulties falling asleep.
Sleeping-Waking at night	☐ Client typically sleeps throughout the night. ☐ Client typically wakes ____ times during the night for ____ minutes, at which time they _____. **AND** Experiences nightmares or night-terrors regularly: ☐ No ☐ Yes ☐ Unsure
Sleeping-Length	He/She usually sleeps _____ hours per night. **AND** Typically takes naps: ☐ No ☐ Yes, for ____ minutes a day.
Pica	☐ Client does not eat nonnutritive substances (i.e., sand, dirt). ☐ Client mouths objects but does not try to swallow them. ☐ Client will sometimes try to swallow _____.
Elimination	☐ Client does not experience chronic difficulties with diarrhea

	or constipation. ☐ Regularly struggles with constipation. ☐ Regularly struggles with diarrhea.
Medical studies	Genetic testing ☐ Never ☐ Yes, when _____ years old. MRI ☐ Never ☐ Yes, when _____ years old. CT (CAT scan) ☐ Never ☐ Yes, when _____ years old. EEG ☐ Never ☐ Yes, when _____ years old. Other: _____

Development:

Temperament as an infant	3 words to describe client as a baby: _____
Sit up without support	_____ months old.
Crawled	_____ months old.
Walked independently	_____ months old.
Current motor skills	☐ Good/normal or ☐ Delayed/clumsy.
First functional words	_____ months old.
Began combining words functionally (not just rote phrases)	_____ months old.
Current language skills	☐ Good/normal or ☐ Delayed or articulation difficulties.
Age toilet trained	☐ Not yet. ☐ Yes, when _____ years old.
Any periods of <u>significant</u> regression	☐ No ☐ Yes

Sensory Processing Issues and Activity Level:

Auditory (sounds)	☐ Normal reaction to sounds for his/her age. ☐ Excessive discomfort with typical daily sounds (i.e. covers his/her ears when hearing sounds that do not seem to bother most children) ☐ Likes loud noises more than most children ☐ Becomes very active/over-stimulated in loud or busy environments (more than most children).
Visual (i.e., light)	☐ Normal reaction to light. ☐ Overly bothered by lights <u>on a regular basis</u>/<u>more than most children his/her age.</u> ☐ Stares at bright lights frequently.
Olfactory (smells)	☐ Normal reaction to smells. ☐ Reacts excessively to smells (i.e. gags, becomes distressed). ☐ Almost never smells items. ☐ Smells items excessively/too often. ☐ Smells unusual items regularly (other people, carpet, etc.)
Oral/Foods	☐ Normal food preferences for age. ☐ Very picky about food, but there is no consistent pattern to the texture of temperature of their food preferences. ☐ <u>Very</u> particular about food texture: ☐ Only likes crunchy food ☐ Only likes soft foods ☐ Will not tolerate mixed textures ☐ Other ☐ Overly particular about food temperature.
Tactile (touch)	☐ Normal reaction to touching various textures, such as sand,

	dirt, Play-Doh, finger-paints, etc. ☐ Becomes upset/uncomfortable when touching: _____ _____
Clothes	☐ Normal preference/pickiness of clothes for age. ☐ Strongly prefers only soft clothes. ☐ Very bothered if clothes are a little too tight or loose. ☐ Frequently bothered by tags, buttons, or other textures. ☐ Unusual clothes preferences, such as only long pants/shirts, shirts must have hoods, etc.
Vestibular (movement)	☐ Normal enjoyment of swinging, spinning, and sliding. ☐ Greatly dislikes swinging, spinning, and sliding. ☐ Excessively likes swinging, spinning, and slides.
Proprioceptive (pressure)	☐ Normal reaction to pressure, such as from tight hugs. ☐ Greatly dislikes tight pressure, such as from hugs, heavy blankets, etc. ☐ Excessively seeks tight pressure, such as from tight hugs, wedging him/herself between objects, heavy jackets, etc.
Pain tolerance	☐ Normal reaction to pain (depends on reaction of others and if blood is seen). ☐ Unusually high pain tolerance on a regular basis (does not feel pain easily). ☐ Unusually low pain tolerance on a regular basis (feels pain too easily).
Over or under active	☐ Normal activity level for age (most children have spurts of hyperactivity, or periods of lethargy). ☐ Unusually high activity level on a regular basis. ☐ Unusually low activity level on a regular basis.
Focus or attention span	☐ Normal attention span for age. ☐ Very short attention span and rarely focuses on anything for more than _____ minutes. ☐ Attention span is very short when others are trying to get him/her to focus, but it is excessively strong on objects of interest to him/her.

Education History:

Early intervention services (0 to 3 years old)	☐ No special services prior to three years of age. ☐ Client received early intervention services from (agency) _____ when _____ months to _____ months old, during which time he/she received _____ therapy.
Daycare	☐ Client has never attended a private daycare. ☐ Client attended daycare from _____ to _____ years of age. _____ days per week for average of _____ hours per day.
Services/programs between 3 and 5 years old	☐ Client did not receive any specialized services at this age. ☐ Client attended _____ preschool from _____ to _____ years of age for _____ days per week for average of _____ hours per day.
Elementary school	Client began attending kindergarten when _____ years old.
Current grade & school	CN currently attends _____ grade in a ☐ mainstream classroom **OR** ☐ special education classroom.

Special education services	☐ Client has never been evaluated for or qualified for special education services. ☐ Client qualified for special education services under the category of _____ when _____ years old.
Behavioral difficulties within current school program	☐ No significant issues at school. ☐ Yes, including: _____ _____
Speech therapy	☐ Never received this service. ☐ Yes, from ____ years old to _____ years old, approximately _____ times per week for _____ minutes per session.
Occupational therapy	☐ Never received this service. ☐ Yes, from ____ years old to _____ years old, approximately _____ times per week for _____ minutes per session.
Developmental therapy	☐ Never received this service. ☐ Yes, from ____ years old to _____ years old, approximately _____ times per week for _____ minutes per session.
Other therapy	Any other therapies? , i.e. music, saddle pals, developmental therapy, etc. ☐ No ☐ Yes, including:
Extracurricular activities	Such as swimming, musical instrument, Karate, scouts, etc? ☐ No ☐ Yes, including:

Behavior & Psychological Issues:

Suicidal/homicidal ideation	☐ None heard/reported. ☐ Yes.
History of abuse or trauma	☐ Client has never been a victim of either. ☐ Yes.
Family history of learning disorders	☐ No family history of learning disorders. ☐ Yes, there are family members with learning issues.
Family history of psychological disorders	☐ No family history of psychological disorders. ☐ Yes, there are family members with psychological issues.
Attempts to hurt himself/herself	☐ No self-injurious behaviors by client. ☐ Yes, client will try to hurt self.
Attempts to hurt others	☐ No excessive aggressive behaviors towards others. ☐ Yes, client is aggressive towards others at times.
Behavioral difficulties; i.e., tantrums	☐ At an age-appropriate level. ☐ Client typically tantrums _____ times per day, during which time he/she will _____. This is typically triggered by _____.
Mental health services	☐ Never attending counseling/therapy. ☐ Yes, attended when _____ years old for ____ # of sessions.

PDD*: *Pervasive Developmental Disorder (PDD), such as autism or Asperger's.

Current and prior diagnosis by other professionals	☐ Client has never previously been evaluated for a PDD. ☐ Dr. _____ evaluated client when ____ years old and diagnosed him/her with _____. Client has had more than one diagnosis: ☐ Yes ☐ No

Parent's Notes/Comments:

SUBMIT FORM