

Aulike Health Partners

Child and Family Information Form

In order to provide appropriate support to your child, it is necessary to gather relevant background information. Please complete this form prior to your first appointment. Mahalo!

Date: _____
Child's Name: _____
Child's Birthdate: _____ Grade: _____
Name of Person Completing Form: _____
Relationship to Child: _____

BIRTH HISTORY

Are you the biological parent? _____ If not please explain: _____

Father's age at child's birth: _____

Mother's age at child's birth: _____

During pregnancy was there:

Prenatal care _____

Maternal drug use _____

Caffeine use _____

Nicotine use _____

Alcohol use _____

Medication use _____ For what condition(s): _____

Maternal stress _____ Please explain: _____

Complications during pregnancy? _____

Complications during delivery? _____

Birth weight: _____

At birth:

Full-term _____ or Premature _____

Baby health status: _____

Describe any after-birth complications: _____

Describe child's temperament as a baby: _____

MEDICAL HISTORY

Any health conditions/diagnoses/hospitalizations (e.g., vision problems, hearing problems, ear infections, asthma, allergies, seizures, surgeries, etc.)

Any current treatments for the above?

Date of Last Physical exam: _____

DEVELOPMENTAL HISTORY

Age at which child:

Sat on own _____

Crawled _____

Walked unassisted _____

Spoke words _____

Spoke simple sentences _____

Fed self _____

Dressed self _____

Toilet trained _____

Describe any concerns for child development (birth to 3 years of age): _____

Involvement with early developmental support programs (e.g. Easter Seals, Zero-3) _____

Describe any issues/situations that might have affected child's development: _____

FAMILY INFORMATION

Members of CHILD'S Immediate household:

Name: _____ Relationship: _____ Occupation/Student Status: _____

Significant family/individuals Outside of the home (other family, caregivers):

Name: _____ Relationship: _____ Occupation/Student Status: _____

Family History - please indicate child's family member with the following concerns (e.g. father, mother, sibling, cousin, aunt, uncle):

Developmental delays (including Autism): _____

Learning difficulties: _____

Anxiety or depression: _____

Alcohol/substance abuse : _____

Chronic illness: _____

Recent death of close family or friend: _____

Explain any Child Welfare Services (CWS) or related agency involvement: _____

Explain any exposure or witness to Violence/Abuse/Neglect: _____

What is the primary language used in the home? _____

Who handles responsibility for your child in the following areas at home?

School:

Health:

Behavior:

Child Bedtime: _____ Child Waketime: _____

Explain any trouble with sleeping, nightmares, bedwetting: _____

Explain any trouble with eating or physical activity: _____

Are there set daily routines and does he/she follow them? _____

How are behaviors managed in the family? _____

Is this successful? _____

What are family activities? _____

Community activities? _____

Spiritual activities? _____

SCHOOL/SOCIAL HISTORY

Schools your child has attended (include grades or years from preschool to present):

Any grade retentions? _____

Describe any academic, social, emotional or behavioral concerns at school: _____

Describe any problems with Attendance or Tardies: _____

Describe any school supports over the years (e.g. tutoring, accommodations, 504 plans, IEPs, counseling): _____

Does your child have a close friend(s) at school, home or community?:

Describe child's social patterns: _____

Check ALL that apply and provide description

___ inattention:

___ over-active:

___ trouble with learning:

___ aggressive behavior:

___ tantrum/disruptive behavior:

___ withdrawn behavior:

___ easily frustrated:

___ poor peer relationships:

___ poor self-image:

___ mood issues:

___ trauma history:

___ other:

Describe your child's presenting concerns:

Please describe your child's strengths? (e.g. school, personal skills, athletics, arts, traits, etc):

Additional Information: Please provide any additional information that you think would be helpful. Thank you.

Signature: _____ Date: _____