



Mark M. Roland, Ph.D.
Psychological Consultants of Marietta, PC
21 Trammell Street, SW Marietta, GA 30064
(770) 420-9448 www.pcmarietta.com

Child's Name: _____

Parents'/step names: _____

Child's School _____
Name

Grade ____ Special Services (if any) _____

Child presently lives with: (✓ all that apply)

___ Biological mother ___ Biological father ___ Foster mother ___ Adoptive mother
___ Stepmother ___ Stepfather ___ Foster father ___ Adoptive father
___ Other (Specify) _____

Briefly state the main concern for your child:

Mother's Pregnancy – Complications

Excessive vomiting ___ Yes ___ No Hospitalization required ___ Yes ___ No

Threatened miscarriage ___ Yes ___ No Other illness (es) _____

Alcoholic consumption during pregnancy ___ Yes ___ No If yes, amount _____

Smoking during pregnancy ___ Yes ___ No If yes, amount _____

Complications during pregnancy: _____

Please describe your child's behaviors during infancy and toddler hood for the following areas:

Activity Level: _____

Focus: _____

Mood/Emotions: _____

Regularity (How *predictable* was your child's pattern of sleep, appetite, etc.): _____

Sensory Threshold (Sensitive to light, sound, textures, etc.):

Medical History

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information:

Childhood illnesses/injuries: _____

Hospitalizations/Operations: _____

Allergies or asthma: _____

Sleep: _____

Appetite: _____

Any recent changes in appetite? ___ Yes ___ No

Current medications:

Date	Prescription	Dose	Response	Physician
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Past medications:

Date	Prescription	Dose	Response	Physician
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Present Medical Status

Present illnesses for which your child is being treated: _____

Has your child been exposed to physical/emotional/sexual abuse? _____

What type of counseling/therapy has your child been involved in before? _____

If your child has received a psychological evaluation before, what was the approximate date? ___/___/___

Purpose of evaluation: _____

School History

Rate your child's academic performance:	Good/Excellent	Average	Poor
Preschool	_____	_____	_____
Kindergarten	_____	_____	_____
Elementary School	_____	_____	_____
Current grade	_____	_____	_____

Describe briefly any academic problems that you are aware of: _____

Any behavior problems your child is exhibiting at school?

Peer Relationships

How does your child act with children his or her age? _____

Does your child primarily play with others:	Yes	No
In his or her own age group?	_____	_____
Younger age group?	_____	_____
Older age group?	_____	_____

Has your child's behavior caused him or her to be treated differently by others? ___ Yes ___ No

If yes, what have you noticed? _____

Biological Parents Family History

Mother

1. Past or current medical and/or psychological complications: _____

2. Family members that have had a psychological problems or diagnosis (also list their problem):

Father

1. Past or current medical and/or psychological complications: _____

2. Family members that have had a psychological problems or diagnosis (also list their problem):

Family Stress Level

Mother/Stepmother: Rate the overall level of stress in your life at this time? _____

What do you consider to be the greatest source of stress in your life at this time? _____

Father/Stepfather: Rate the overall level of stress in your life at this time? _____

What do you consider to be the greatest source of stress in your life at this time? _____

If you are currently in a significant relationship, how would you rate the quality of the relationship?

Father/Step: ___ Great ___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor

Mother/Step: ___ Great ___ Very Good ___ Good ___ Fair ___ Poor ___ Very Poor

Interests and Accomplishments

What are your child's main hobbies and interests?

What are your child's greatest accomplishments?

What does your child dislike doing the most?

How many hours on the average day does your child spend:

Watching TV _____

On the internet _____

Playing video games _____

Doing homework _____

Playing by him or herself _____

Taking naps _____

Playing with peers _____

Playing a sport _____