

(847) 357-9158 855 East Golf Rd., suite 2139 Arlington Heights, IL 60005

PROFESSIONAL CONSULTING

CLINICAL ASSESSMENT

EDUCATIONAL MAPPING

Pediatric Update

By completing this questionnaire prior to your appointment, you will be helping us to better understand your questions and the concerns that are affecting your child and your family. This will also provide us with a great deal of important information, which will allow us to work with you more effectively. Please answer these questions as completely as possible, and bring this form with you to your initial appointment.

Child's name:	Nickname:			
Date of birth: Age of child:				
Handedness:				
Parent(s) name(s):				
Address:				
Telephone: Home Work	k			
Name of person completing form:				
Relationship to child:		=		
Deta forma a malata la		- -		
Are you this child's legal guardian?Yes	No			
If you are not the guardian, do you have written consentYesNo	t documenting your righ	t to seek treatme	ent for this child?	
I. Updated Medical History		Yes	No	
When was your child's most recent physical?		103	110	
Have there been any changes to your child's medical his If yes, please describe.	story?			

Please list the name, address, and telephone number of the doctor (e.g., pediatrician, family physician) who cares for your child Name: Address: Telephone number: I. Updated Family History Mother/Parent's name: Injects tevel of education completed: Occupation: Work phone: Sather/Parent's name: Injects tevel of education completed: Occupation: Work phone: Sather/Parent's name (if applicable): Work phone: Sate of employment: Work hours: Work phone: Sate of employment: Work hours: Work phone: Sate of employment: Work phone: Sate of employment: Work hours: Work phone: Sate of employment: Work phone: Date: Unmarried: Date: Da	Please list your child's current medications (i	f applicable):	
Name: Address: Telephone number: I. Updated Family History Mother/Parent's name: Age:	Jame	Dosage	Frequency
Name: Address: Telephone number: . Updated Family History other/Parent's name:			
Name: Address: Telephone number: . Updated Family History other/Parent's name:			
Name: Address: Telephone number: I. Updated Family History Mother/Parent's name: Age: Jork hours: Work phone: Jace of employment: Work phone: Jork hours: Work phone: Jork hours: Work phone: Jork hours: Work phone: Jork hours: Work phone: Work phone: Work phone: Jork hours: Work phone: Work phone: Jork hours: Jork hours: Jork hours: Work phone: Jork hours: Jork hours: Jork hours: Work phone: Jork hours: Jork hours			
Name: Address: Telephone number: I. Updated Family History Mother/Parent's name: Age:			
Address: Telephone number: I. Updated Family History Interpret of a part of a particular of	lease list the name, address, and telephone i	number of the doctor (e.g., ped	liatrician, family physician) who cares for your chil
Telephone number: I. Updated Family History Mother/Parent's name:			
Mother/Parent's name:	·		<u>—</u>
lighest level of education completed:Occupation:	I. Updated Family History		
Place of employment:	Mother/Parent's name:		Age:
Work hours: Work phone:	Highest level of education completed:	Occupation:	
Father/Parent's name:	Place of employment:		
Highest level of education completed:Occupation:	Vork hours:	Work phone:	
Place of employment: Work hours: Work phone: Step-parent's name (if applicable): Highest level of education completed: Place of employment: Work hours: Work hours: Work phone: Parents are: Married: Separated: Date: Separated: Divorced: Date: Unmarried: Date: Widowed: Date: Unmarried: Date: Date: Date:	Father/Parent's name:		Age:
Work hours: Work phone: Age:	Highest level of education completed:	Occupation:	
Age:	Place of employment:		
Iighest level of education completed: Occupation: Place of employment: Work hours: Work phone: Parents are: Married: Date: Separated: Date: Divorced: Date: Unmarried: Date: Widowed: Date: Widowed: Date:	Vork hours:	Work phone:	
Highest level of education completed:Occupation:	step-parent's name (if applicable):	Ag	ge:
Vork hours: Work phone: Parents are: Date:	Highest level of education completed:	Occupation:	
Work hours: Work phone: Parents are: Married: Date: Separated: Date: Divorced: Date: Unmarried: Date: Widowed: Date:			
Married:Date: Separated:Date: Divorced:Date: Unmarried:Date: Widowed:Date:			
Separated: Date: Divorced: Date: Unmarried: Date: Widowed: Date:	arents are:		
If parents are divorced, who has legal custody?	Separated: Date: Divorced: Date: Unmarried: Date:		
	If parents are divorced, who has legal c	ustody?	

Plea	se list the persons wh	o are curr	ently livin	ng in	the home	e with the chi	ld:		
Nam	<u>ne</u>			Sex	<u> </u>	Age	Relat	ionship to child	
Plea	se list any family me	mbers who	o are no lo	onge	r at home	:			
Nam		<u>Sex</u>	Age		1	ship to child		When did they le	eave?
•									
								1-	
Is th	is child a foster child	? Yes	No		Is this cl	nild adopted?	Yes _	No	
	If a foster child or a	dopted, at	what age	was	the child	placed with	you? _		
	If a foster child or a	dopted, ha	s this bee	n dis	scussed w	ith the child?	Yes_	No	
	If adopted, when wa	as adoption	n legally f	inali	ized?				_
	If a foster child or a	dopted, ho	w many p	olace	ements oc	curred prior t	to being	g placed in your	
	home?								_
	If there have been p of placement	-		-			-	•	_
Who	provides care for yo	ur child w	hile you a	are a	t work (if	applicable)?			
	ng the past 12 month								
Dun	ing the past 12 month	is, nas you	r ranning C	мрсі	icheed ai	ly of the folic	owing.	T 7	3.7
	Death of a family m	ember:						Yes	<i>No</i>
	Serious illness: Unemployment:								
	Marital problems:								
	Other (please descri	be							
VI.	Updated School Hi	story							
Curr	ent grade placement:								
	School name:					_			
	Address:(street)					_			
	(city)		(state)		(zip	code)			

Please list any changes to your child's s	school programming that have occurred since the last evaluation.	
Since the last evaluation, has school re	ported current problems with any of the following: (Check)	
•		
Reading	Describe:	
Spelling Writing	Describe:	
Arithmetic	Describe:	
Social adjustment	Describe:	
Attention span	Describe:	
Following directions	Describe:	
Thank you for taking the time to compl	lete this questionnaire. I look forward to seeing you on your appointment	date
Thank you for taking the time to comp.	ete ums questionnane. I rook for ward to seeing you on your appointment	auto.
	(signature of parent/guardian)	
	(g	
	(today's date)	
	(louay state)	
	(city, state, zip code)	
	(
	(telephone number)	