D

KENTWOOD PREPARATORY SCHOOL

PRELIMINARY DIAGNOSTIC INFORMATION

(Please print or type all information)

Child's Name	Birth Date:
Adopted?	At what Age?
Home Address: (Street)	City/State/Zip
Father's Occupation	Mother's Occupation

Marital Status of Parents (Check Box)	Married?	Separated?	Divorced?	Widowed?	Remarried?

Member of Family (*Give full name and indicate remarriage name when applicable)*	Age	Birth Date	Adopted (Yes or No)	Education (level and/or Degree)
Father:				
Mother:				
Siblings:				
1.				
2.				
3.				
4.				

Others in Household	Age	Relationship to Child:
A		
B		
C		
D		

PRESENTING PROBLEM

Who referred you to us?	
Title or Profession	
Address	
Telephone Number	
Specifically, what are the problems presented by your child?	
Which of these concerns you the most?	
What else should we know?	

DEVELOPMENTAL HISTORY

Describe mother's health during pregnancy with this child, including if drugs, x-rays, ...were used and why.
Any colic or early management problems?
Has your child been excessively active?
Does your child seem poorly coordinated/clumsy?
If so, describe:
At what age did your child make first speech sounds?
When were the first words, phrases, sentences?
Are speech and language adequate now?
If not, describe:
Has your child worked with a speech therapist? Has progress been made?
Can your child dress him/herself (i.e. button clothes, tie bows, zip zippers, lace shoes?
Was your child able to do these things before entering school?
Age what age was toilet training achieved for bladder and bowel:
Were there any problems with enuresis (bedwetting) and does the problem still exist:
Any other problems associated with toileting? If so, describe:
Any present difficulties with sleep habits, nightmares, sleep walking? If so, describe:

Does your child fatigue easily?
What is their usual bedtime?
Does your child share a bedroom with anyone? If so, whom?
Has y our child displayed any interest in sexual topics (i.e. birth process, curiosity about opposite sex, masturbation, etc.? If so, describe:
How have you handled this topic with your child?
Has your child reached puberty and if so, when?
Any emotional reactions to puberty?
Compared with other children his/her age, do you consider your child small, average or big in stature?
Other comments concerning developmental history:

GENERAL MEDICAL INFORMATION

Is your child receiving any medication at present?
If so, what medications are given?
Has your child received any other medication in the past?

Drug	Dosage	DURATION	
		From	To
Purpose			
Reaction			
Reason Usage Discontinued:			

Drug	Dosage	DURATION	
		From	To
Purpose			
Reaction			
Reason Usage Discontinued:			

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		From	To
Purpose			
Reaction			
Reason Usage Discontinued:			

Has your child had asthma, eczema or allergies?
If so, describe frequency, severity, treatment:

PREVIOUS ILLNESSES

ILLNESS	AGE	HOSPITALIZED?	LENGTH OF TIME

SURGERIES

TYPE OF SURGERY	AGE	HOSPITALIZED?	LENGTH OF TIME

SIGNIFICANT INJURIES

TYPE OF INJURY	AGE	HOSPITALIZED?	LENGTH OF TIME

Does your child have a history of fainting, convulsions or seizures?
Last occurrence:
Are these currently controlled by medication? Explain:
Any physical handicaps? If yes, explain:
Have special accommodations in the school been made for your child in the past?
Are there now or have there ever been any unusual emotional reactions or habits, fears, etc?
If yes, explain:
Condition of tonsils and adenoids? Comment:
Condition of teeth? Comment:
Other comments concerning medical information:

SCHOOL HISTORY

Name of School	City/State	Grade	Dates

If any grades have been repeated, indicate which grade and why?
Have there been frequent absences from school? If so, why?
Describe your child's attitude toward school?
Does your child discuss with you his/her school activities, progress and/or difficulties?
Is there any difficulty with school subjects? If yes, describe:
When first noted and by whom?
Is there any difficulty with behavior in school?
If yes, describe:

When first noted?

How was it handled?

Do you agree with how it was handled?

If not, what would you like to see happen if a behavior issue arises?

Other comments concerning school history:

EMOTIONAL AND SOCIAL ADJUSTMENT OF CHILD

How would you describe your child's personality?

What, if anything, about his/her behavior is troublesome for family, friends and community?

When first noted?

How has it been handled successfully?

What methods have been unsuccessful for handling this behavior?

Describe your child's relationship with the immediate family (parents and siblings):

Describe your child's relationship with other adults (including teachers):

Describe your child's relationship with peers (at school and play):

How do you think your child views or feels about himself/herself?
What are your child's self-care skills and responsibilities at home?
What are usual play activities?
What are your child's special interests, skills, hobbies?
What activities does your child avoid or find difficult?
Other comments concerning emotional or social adjustment:

OTHER EVALUATIONS/TREATMENT

Does your child have visual accommodations?
Does your child have hearing accommodations?
Does your child have any sensitivity (touch, smell, etc.)?
Has your child had a neurological examination? If so, please give us a copy.
Has your child had a psychological examination? If so, please give us a copy.
Has your child had psychotherapy?
Dates:
Frequency:
With Whom?
Have you ever received professional counseling about your child?
Dates:
Frequency:
With Whom:
Has your child had any tutoring or remedial work?
For what?
How often?
Dates:
With Whom:
Has your child received any speech therapy?
Dates:
With Whom:

Has your child had any perceptual motor or visual motor-training?
Dates:
Frequency of sessions:
With Whom:

Other doctors, hospitals, clinics, etc. where your child has been examined?

Name	City/State	Purpose	Date

Other comments concerning evaluations/treatment:

Signature of Provider of Information:	
Print Name:	Date:

If you want us to contact any of the professionals listed in the report, please complete and sign a Release of Information Form.

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