



## POTENTIAL ACHIEVERS HEALTH INFORMATION HISTORY

**Date:** \_\_\_\_\_ **Child's Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:**  Male  Female

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Marital Status (circle one):**    **Single**    **Married**    **Separated**    **Divorced**    **Widowed**

**Father's Name:** \_\_\_\_\_

**Marital Status (circle one):**    **Single**    **Married**    **Separated**    **Divorced**    **Widowed**

**Names and relationships of family members living with the child:**

Name	Age	Gender (circle one)		Relationship to child
		Male	Female	

**Names and relationships of family members NOT living with the child:**

Name	Age	Gender (circle one)		Relationship to child
		Male	Female	

**1. Have you been notified of any social or behavioral problems at school, and if so, what?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Give a brief account of child's academic history, (i.e. grades, learning disabilities, specialized instruction, additional services such as AEA, etc.):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Do you feel that you have a good relationship with child's school? Why?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. List past and present medical problems: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. CURRENT Medications:**

Medication	Dosage	Frequency	Name of Dr. who prescribes medication

**6. PAST Medications:**

Medication	Dosage	Frequency	Name of Dr. who prescribes medication

**7. Community/mental health services or other agency involvement:, (i.e. counseling, psychiatric services, BHIS/In-home services, DHS involvement):**

Agency/Organization	Type of Service (counseling, psychiatric/medication services, BHIS/In-home services, DHS involvement, juvenile court )	Past or current? If past, what age was child?

**8. Has child ever been separated from parents, if so:**

Type of Separation (Illness, hospitalization, removal from home, living with relatives/friends, living in foster care, etc.)	How old was child at separation?	How long was the separation? (weeks, months, years)

9. Has child witnessed or experienced any abuse, (i.e. domestic violence, verbal, emotional, physical, or sexual)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Quality of relationship with siblings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Quality of relationship with friends: \_\_\_\_\_

\_\_\_\_\_

12. How was mother's health during pregnancy and were there any complications during birth?

\_\_\_\_\_

\_\_\_\_\_

13. Has child been exposed to any illegal substances during lifetime? \_\_\_\_\_

\_\_\_\_\_

14. Did child meet developmental milestones (eating, walking, talking, etc) within a normal time span? If no, please specify: \_\_\_\_\_

\_\_\_\_\_

15. Please check boxes that best describe child's behavior during his/her first three years of life?

- Cried                       Had temper tantrums                       Had extreme mood changes  
 Was afraid of new people/places                       Engaged in self-injurious behavior  
 Enjoyed being held                       Was alert to environment                       Interacted with others

Behavior Checklist				
Please read the below description and place an X in the box under the number that describes child.	1 No Problem	2 Barely Noticeable	3 Frequently Noticeable	4 Very Noticeable
Seems sad or unhappy				
Plays alone				
Seems irritable				
Cries easily				
Worries				
Fearful or timid				
Can't sit still				
Easily distracted				
Blurts out, interrupts others				
Refuses to follow rules				
Aggressive toward others or property				
Steals				
Gets into fights				

Anything that you would like to share that would help us in working with child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_