



# Integrative Psychology Group, LLC

## Brief Health Information Form for Child

### A. Identification

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

### B. Please indicate any difficulties with pregnancy and birth of your child:

### C. Has your child experienced any developmental delays

### D. History

1. Starting with your child's birth and up to the present, list *all* diseases, illnesses, important accidents and injuries, surgeries, hospitalizations, periods of loss of consciousness, convulsions/seizures, and any other medical conditions your child has had. (Describe pregnancies in section B)

Age	Illness/diagnosis	Treatment received	Treated by	Result
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2. Describe any allergies your child has.

To what?	Reaction	Allergy medications you take
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3. List *all* medications or drugs your child takes or has taken in the last year—prescribed, over-the-counter, and others.

Medication/drug	Dose (how much?)	Taken for	Prescribed and supervised by
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4. Has your child ever been exposed to toxic chemicals?

Date	Kinds of chemicals	Effects
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5. Was your child exposed to alcohol or drugs prenatally?

At what stage in the pregnancy?	Kind of substance	Amount of use?
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**C. Medical caregivers**

1. Your child's current family or personal physician or medical agency:

Name	Specialty	Address	Phone #	Date of last visit
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**D.** . Please list any family history of physical health problems, chemical use, and mental or emotional Difficulties

**E. Other**

Are there any other medical or physical problems you are concerned about?

*Note:* If I evaluate your child or your child enters treatment with me for psychological problems, may I tell your medical doctor if needed so that he or she can be fully informed and we can coordinate treatment? • Yes • No

*This is a strictly confidential patient medical record. Re-disclosure or transfer is expressly prohibited by law.*