

**Ariella Soffer, Ph.D. PLLC**  
**240 Central Park South, 8C**  
**New York, NY 10019**  
**646.300.5095**

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

**Child's Birth date** \_\_\_\_\_ **Age** \_\_\_\_\_

**Legal Guardian(s):**

| Name | Phone (H) | Phone (W) | Job Title/Firm Name |
|------|-----------|-----------|---------------------|
|------|-----------|-----------|---------------------|

\_\_\_\_\_

\_\_\_\_\_

Legal guardian is (check one):

Biological parent(s) \_\_\_\_\_

Relative (specify relationship) \_\_\_\_\_

Other (specify relationship) \_\_\_\_\_

Child's Address (Street, City, State, Zip) \_\_\_\_\_

\_\_\_\_\_

Child's Primary Language \_\_\_\_\_ Child's Secondary Language \_\_\_\_\_

Child's Current Grade in School \_\_\_\_\_

School Attending \_\_\_\_\_

Medical Diagnosis (if any) \_\_\_\_\_

Medication (if any) \_\_\_\_\_

Who referred your child? \_\_\_\_\_

Describe the problems, first major concerns and then minor ones: \_\_\_\_\_

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Symptoms (note those that apply)

Rate How Severe

1-mild; 2-moderate; 3-severe

Sadness/Depression

\_\_\_\_\_

Anxiety/Nervousness

\_\_\_\_\_

Stress

\_\_\_\_\_

Sleeping Problems

\_\_\_\_\_

Becoming Angry/Irritable more easily

\_\_\_\_\_

Euphoria (feeling on top of the world)

\_\_\_\_\_

Much more emotional

\_\_\_\_\_

Feel as if he/she doesn't care anymore

\_\_\_\_\_

Doing things automatically (without awareness)

\_\_\_\_\_

Less inhibited (doing things wouldn't do before)

\_\_\_\_\_

Difficulty being spontaneous

\_\_\_\_\_

Change in eating habits

\_\_\_\_\_

Other recent changes in behavior/personality

\_\_\_\_\_

Describe other if applicable: \_\_\_\_\_

**EARLY HISTORY**

Child was born: On time\_\_\_\_\_ Prematurely\_\_\_\_\_ Late\_\_\_\_\_

If premature, how many weeks' gestation?\_\_\_\_\_

Weight at birth\_\_\_\_\_lbs. \_\_\_\_\_oz.

Were there any problems associated with your child's birth (e.g., oxygen deprivation, unusual birth position, etc.) or the period immediately afterward (e.g., need for oxygen, special equipment used, convulsions, illness, etc.)?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please describe:\_\_\_\_\_

Check all that applied to child's mother while she was pregnant:

- \_\_\_\_\_ Accident
- \_\_\_\_\_ Alcohol use
- \_\_\_\_\_ Cigarette smoking
- \_\_\_\_\_ Drug use (marijuana, speed, cocaine, LSD, prescription drug abuse, etc.)
- \_\_\_\_\_ Illness (toxemia, diabetes, high blood pressure, infection, Rh incompatibility, etc.)
- \_\_\_\_\_ Poor nutrition
- \_\_\_\_\_ Psychological problems
- \_\_\_\_\_ Other problems\_\_\_\_\_

**MEDICAL HISTORY**

Has your child received any significant medical diagnoses that have required ongoing treatment?

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Has your child had an accident or illness, which required a hospital visit? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, describe what happened:\_\_\_\_\_

Did your child ever suffer a serious injury to his/her head? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain the circumstances and any problems your child had afterward\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How would you describe your child's nutrition? Excellent\_\_\_\_\_ Average\_\_\_\_\_ Poor\_\_\_\_\_

Child's Pediatrician (Name, Phone Number, Address):

\_\_\_\_\_

FAMILY HISTORY

The following questions deal with your child's **biological** mother, father, brothers, and sisters.

**Mother**

What is mother's name (Include maiden name)?\_\_\_\_\_

Is she alive? Yes\_\_\_\_\_ No\_\_\_\_\_ If deceased, what was the cause of death?\_\_\_\_\_

Mother's occupation\_\_\_\_\_

Mother's level of education\_\_\_\_\_

Has mother had mental health treatment? If so, please describe what was treated:

\_\_\_\_\_  
\_\_\_\_\_

**Father**

What is father's name?\_\_\_\_\_

Is he alive? Yes\_\_\_\_\_ No\_\_\_\_\_ If deceased, what was the cause of death?\_\_\_\_\_

Father's occupation\_\_\_\_\_

Father's level of education\_\_\_\_\_

Has mother had mental health treatment? If so, please describe what was treated:

\_\_\_\_\_  
\_\_\_\_\_

How many brothers does child have\_\_\_\_\_

How many sisters does child have\_\_\_\_\_

Where is child in the birth order\_\_\_\_\_

Are there any unusual problems (physical, academic, psychological) associated with any of child's brothers or sisters? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please describe\_\_\_\_\_

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**PERSONAL HISTORY**

**EDUCATIONAL HISTORY**

Please list all schools your child has attended, note if there were any concerns about your child at that school, and indicate what interventions were implemented:

School Name Concerns Interventions

Preschool \_\_\_\_\_

Elementary \_\_\_\_\_

High School \_\_\_\_\_

Was your child ever held back to repeat a grade? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what grade(s)? \_\_\_\_\_ and reason? \_\_\_\_\_

Was your child ever in any special class(es) or did s/he receive special services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has your child ever been suspended or expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child like school? Most of the time \_\_\_\_\_ Sometimes \_\_\_\_\_

Does your child:

Have problems making friends in school? Y/N \_\_\_\_\_

Have problems getting along with teachers? Y/N \_\_\_\_\_

Tend to get sick in the morning before school? Y/N \_\_\_\_\_

Describe teachers' concerns about your child's schoolwork or behavior (if any):

\_\_\_\_\_  
\_\_\_\_\_

Has your child had any prior **psychological or neuropsychological** evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_