

Interlake Psychiatric Associates, PLLC  
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**CHILD / ADOLESCENT HISTORY**

PERSON FILLING OUT THIS FORM \_\_\_\_\_ DATE \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ **AGE** \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_

MOTHER NAME: \_\_\_\_\_ OCCUPATION \_\_\_\_\_ WK TEL \_\_\_\_\_

FATHER NAME: \_\_\_\_\_ OCCUPATION \_\_\_\_\_ WK TEL \_\_\_\_\_

YOU ARE REFERRED TO: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ TEL. NO. \_\_\_\_\_

CHILD'S MEDICAL DOCTOR: \_\_\_\_\_ TEL. NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CURRENT SCHOOL & GRADE: \_\_\_\_\_ SCHOOL DISTRICT: \_\_\_\_\_

CURRENT/FORMER TEACHER(S): \_\_\_\_\_ SCHOOL TEL. \_\_\_\_\_

WHO CURRENTLY LIVES AT HOME (Include relationships and ages): \_\_\_\_\_

FAMILY MEMBERS NOT LIVING AT HOME (PARENTS, SIBLINGS): \_\_\_\_\_

WHAT IS YOUR MAIN CONCERN ABOUT YOUR CHILD: \_\_\_\_\_

WHAT SERVICES ARE YOU SEEKING FOR YOUR CHILD: \_\_\_\_\_

**MEDICAL & MENTAL HEALTH HISTORY**

HAS YOUR CHILD HAD: SERIOUS ILLNESS \_\_\_\_\_; HEAD INJURY \_\_\_\_\_

SEIZURES \_\_\_\_\_; SURGERY \_\_\_\_\_; HOSPITALIZATIONS \_\_\_\_\_

MEDICATION ALLERGIES \_\_\_\_\_

WHAT MEDICATIONS DOES YOUR CHILD TAKE CURRENTLY: \_\_\_\_\_

PAST PSYCHIATRIC MEDICATIONS \_\_\_\_\_

CHILD'S PREVIOUS MENTAL HEALTH TREATMENT (WHEN, WHERE, OUTCOME) \_\_\_\_\_

CHILD'S DRUG OR ALCOHOL USE, ANY TREATMENT (WHEN, WHERE) \_\_\_\_\_

FAMILY HISTORY OF EMOTIONAL/PSYCHIATRIC OR DRUG/ALCOHOL PROBLEMS: \_\_\_\_\_

**CHILD BIRTH AND DEVELOPMENT:**

AT CHILD'S BIRTH, MOTHER'S AGE: \_\_\_\_\_ FATHER'S AGE: \_\_\_\_\_

LENGTH OF PREGNANCY: \_\_\_\_\_; LENGTH OF LABOR: \_\_\_\_\_;

BIRTH WEIGHT \_\_\_\_\_; APGAR SCORES: \_\_\_\_\_; BIRTH DIFFICULTIES: \_\_\_\_\_

COMPLICATIONS DURING PREGNANCY:

\_\_\_ difficulty in conception

\_\_\_ toxemia

\_\_\_ abnormal weight gain

\_\_\_ measles

\_\_\_ excessive vomiting

\_\_\_ german measles

\_\_\_ excessive swelling

\_\_\_ emotional problems

\_\_\_ vaginal bleeding

\_\_\_ flu

\_\_\_ anemia

\_\_\_ high blood pressure

\_\_\_ other

\_\_\_ maternal injury \_\_\_\_\_

**DEVELOPMENT: EARLY YEARS**

AGE WHEN CHILD: SPOKE FIRST CLEAR WORDS \_\_\_\_\_ FIRST SENTENCES \_\_\_\_\_

WALKED ALONE \_\_\_\_\_; TOILET TRAINED: DAYS \_\_\_\_\_ NIGHTS \_\_\_\_\_

ANY MEDICAL REASONS FOR SOILING, WETTING? \_\_\_\_\_

HAS CHILD EXPERIENCED (DESCRIBE):

walking difficulty/

coordination problems no yes \_\_\_\_\_

unclear speech                      no yes \_\_\_\_\_

feeding problem                      no yes \_\_\_\_\_

underweight problem                      no yes \_\_\_\_\_

colic                                      no yes \_\_\_\_\_

sleep problems                      no yes \_\_\_\_\_

eating disorder                      no yes \_\_\_\_\_

other                                      no yes \_\_\_\_\_

**DURING TODDLER YEARS (1 TO 4 YEARS OLD), DID CHILD SHOW:**

excessive tantrums                      no yes \_\_\_\_\_

excessively aggressive                      no yes \_\_\_\_\_

excessively shy/anxious                      no yes \_\_\_\_\_

excessive crying                      no yes \_\_\_\_\_

behavior problems                      no yes \_\_\_\_\_

very fussy about how clothes  
feel, noises, smells                      no yes \_\_\_\_\_

**SOCIAL DEVELOPMENT**

DOES CHILD MAKE FRIENDS, KEEP FRIENDS? \_\_\_\_\_

CHILD'S INTERESTS (SPORTS, MUSIC, ETC.): \_\_\_\_\_

SUPPORT SYSTEM FOR CHILD AND FAMILY (extended family, church, etc.): \_\_\_\_\_

IS RELIGION PART OF CHILD'S LIFE \_\_\_\_\_

ANY MAJOR SEPARATIONS OR LOSSES FOR CHILD: \_\_\_\_\_

DOES CHILD HAVE ANY ACCESS TO GUN(S): \_\_\_\_\_

**HAS CHILD SUFFERED ANY:**

physical or sexual abuse                      no yes \_\_\_\_\_

emotional abuse or neglect                      no yes \_\_\_\_\_

any CPS involvement                      no yes \_\_\_\_\_

**EDUCATIONAL:** HAS THE CHILD HAD SPECIAL SERVICES AT SCHOOL--IEP, 504 PLAN : \_\_\_\_\_

SPEECH THERAPY, OT, PT: \_\_\_\_\_

**SYMPTOM CHECKLIST**

For the following symptoms, please check those that you believe are a current or recent problem.  
Please estimate when these first occurred.

- \_\_\_\_ Often fails to give close attention to details; many careless mistakes \_\_\_\_\_
- \_\_\_\_ Often has difficulty sustaining attention in tasks or play \_\_\_\_\_
- \_\_\_\_ Often seems not to listen when spoken to ("spacey") \_\_\_\_\_
- \_\_\_\_ Trouble following through on instructions; failing to finish homework or chores (not due to being  
oppositional or defiant) \_\_\_\_\_
- \_\_\_\_ Often has difficulty organizing tasks or activities \_\_\_\_\_
- \_\_\_\_ Often avoids or is hesitant to work on tasks that require sustained mental effort \_\_\_\_\_
- \_\_\_\_ Often loses things (toys, assignments, books, etc.) \_\_\_\_\_
- \_\_\_\_ Often easily distracted by sounds, activities, etc. \_\_\_\_\_
- \_\_\_\_ Often forgetful in daily activities \_\_\_\_\_
- \_\_\_\_ Fidgets or squirms in seat \_\_\_\_\_
- \_\_\_\_ Difficulty remaining in seat \_\_\_\_\_
- \_\_\_\_ Inappropriate running or climbing, being restless \_\_\_\_\_
- \_\_\_\_ Difficulty playing quietly \_\_\_\_\_
- \_\_\_\_ Often "on the go" as if "driven by a motor" \_\_\_\_\_
- \_\_\_\_ Often blurts out answers too quickly \_\_\_\_\_
- \_\_\_\_ Difficulty waiting his/her turn \_\_\_\_\_
- \_\_\_\_ Often interrupts or intrudes on other \_\_\_\_\_
- \_\_\_\_ Often loses temper \_\_\_\_\_
- \_\_\_\_ Often argues with adults \_\_\_\_\_
- \_\_\_\_ Often actively defies or refuses adult requests or rules \_\_\_\_\_
- \_\_\_\_ Often deliberately does things to annoy others \_\_\_\_\_
- \_\_\_\_ Is often touchy or easily annoyed \_\_\_\_\_
- \_\_\_\_ Often angry or resentful \_\_\_\_\_
- \_\_\_\_ Often spiteful or vindictive \_\_\_\_\_
- \_\_\_\_ Depressed or very irritable mood much of the time \_\_\_\_\_
- \_\_\_\_ Decreased or excessive sleep \_\_\_\_\_
- \_\_\_\_ Poor appetite or overeating \_\_\_\_\_
- \_\_\_\_ Marked agitation or unusually sluggish \_\_\_\_\_
- \_\_\_\_ Fatigue or loss of energy \_\_\_\_\_
- \_\_\_\_ Decreased pleasure or loss of interest in things \_\_\_\_\_
- \_\_\_\_ Poor concentration or difficulty making decisions \_\_\_\_\_
- \_\_\_\_ Feelings of worthlessness, excessive feelings of guilt \_\_\_\_\_
- \_\_\_\_ Suicidal thoughts or attempts \_\_\_\_\_
- \_\_\_\_ Low self-esteem, negative self-talk \_\_\_\_\_
- \_\_\_\_ Feelings of hopelessness about the future \_\_\_\_\_
- \_\_\_\_ Extremely elevated mood \_\_\_\_\_
- \_\_\_\_ Severe mood swings \_\_\_\_\_
- \_\_\_\_ Grandiose thinking \_\_\_\_\_
- \_\_\_\_ Racing thoughts, very rapid speech \_\_\_\_\_
- \_\_\_\_ manic or hypomanic behavior (extremely hyper) \_\_\_\_\_
- \_\_\_\_ Drug or alcohol use \_\_\_\_\_
- \_\_\_\_ Often swears or uses obscene language \_\_\_\_\_
- \_\_\_\_ Has stolen without confronting victim \_\_\_\_\_
- \_\_\_\_ Stays out at night without permission \_\_\_\_\_
- \_\_\_\_ Has run away from home overnight \_\_\_\_\_
- \_\_\_\_ Lies to obtain goods or avoid obligation \_\_\_\_\_
- \_\_\_\_ Deliberately sets fires \_\_\_\_\_
- \_\_\_\_ Often engages in dangerous activities \_\_\_\_\_
- \_\_\_\_ Often truant from school \_\_\_\_\_
- \_\_\_\_ Has broken into someone's house, car or other \_\_\_\_\_
- \_\_\_\_ Deliberately destroyed others' property \_\_\_\_\_
- \_\_\_\_ Forces someone into sexual activity \_\_\_\_\_
- \_\_\_\_ I used a weapon in a fight \_\_\_\_\_

- \_\_\_ Initiates physical fights \_\_\_\_\_
- \_\_\_ Has stolen while confronting the victim \_\_\_\_\_
- \_\_\_ Physically cruel to people or animals \_\_\_\_\_
- \_\_\_ Bullies, threatens or intimidates others \_\_\_\_\_
- \_\_\_ Unrealistic and persistent worry about possible harm to family or friends \_\_\_\_\_
- \_\_\_ Unrealistic and persistent worry about future events, or terrible events \_\_\_\_\_
- \_\_\_ Persistent refusal to go to school \_\_\_\_\_
- \_\_\_ Persistent refusal to sleep alone \_\_\_\_\_
- \_\_\_ Persistent avoidance of being alone \_\_\_\_\_
- \_\_\_ Repeated nightmares about separation \_\_\_\_\_
- \_\_\_ Physical pains or illnesses without known physical causes \_\_\_\_\_
- \_\_\_ Excessive distress in anticipation of separation from attachment figure \_\_\_\_\_
- \_\_\_ Excessive distress when separated from home, parents \_\_\_\_\_
- \_\_\_ Unrealistic concern about past behaviors \_\_\_\_\_
- \_\_\_ Unrealistic concern about competence \_\_\_\_\_
- \_\_\_ Marked self-consciousness \_\_\_\_\_
- \_\_\_ Excessive need for reassurance \_\_\_\_\_
- \_\_\_ Marked inability to relax \_\_\_\_\_
- \_\_\_ Compulsive rituals \_\_\_\_\_
- \_\_\_ Obsessions or intrusive thoughts \_\_\_\_\_
- \_\_\_ Unusual repetitive behaviors \_\_\_\_\_
- \_\_\_ Preoccupation with firearms or knives \_\_\_\_\_
- \_\_\_ Odd postures \_\_\_\_\_
- \_\_\_ Excessive reaction to noise or fails to react to loud noises \_\_\_\_\_
- \_\_\_ Overreacts to touch \_\_\_\_\_
- \_\_\_ Motor tics (muscle twitches) \_\_\_\_\_
- \_\_\_ Loose thinking, hard to follow \_\_\_\_\_
- \_\_\_ Bizarre ideas, delusions, hallucinations \_\_\_\_\_
- \_\_\_ Disoriented, confused, "spacey" \_\_\_\_\_
- \_\_\_ Incoherent speech \_\_\_\_\_
- \_\_\_ Hears voices \_\_\_\_\_
- \_\_\_ Other behaviors of concern \_\_\_\_\_

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