

**CHILD DEVELOPMENTAL & DIAGNOSTIC CENTER  
WILLIAM M. BARTNICK, Ed.D., NCSP**

**CLIENT INFORMATION**

CLIENT'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

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

OCCUPATION: \_\_\_\_\_

WK PHONE #: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_

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

OCCUPATION: \_\_\_\_\_

WK PHONE #: \_\_\_\_\_

NAMES & AGES OF BROTHERS/SISTERS:

\_\_\_\_\_

REASON FOR REFERRAL:

\_\_\_\_\_

\_\_\_\_\_

REFERRAL SOURCE:

\_\_\_\_\_

PHYSICIAN:

\_\_\_\_\_

\_\_\_\_\_

MEDICAL PROBLEM: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

MEDICAL PROBLEM: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

PREVIOUS EVALUATIONS/COUNSELING EXPERIENCE: YES NO

WITH WHOM: WHEN: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# CHILD DEVELOPMENTAL AND DIAGNOSTIC CENTER

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## DEVELOPMENTAL AND SOCIAL HISTORY QUESTIONNAIRE

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

### **Pregnancy and Delivery**

Were there problems during your pregnancy with this child? \_\_\_\_\_ Yes \_\_\_\_\_ No.

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

Problems during delivery? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please describe: \_\_\_\_\_.

Birth weight: \_\_\_\_\_

### **Infancy**

Any illnesses during newborn period? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please describe \_\_\_\_\_.

Please indicate if any of the following:

\_\_\_\_\_ Colic \_\_\_\_\_ Feeding problems  
\_\_\_\_\_ Diarrhea \_\_\_\_\_ Excessive vomiting  
\_\_\_\_\_ Excessive crying

Other problems or illness during the first year? \_\_\_\_\_.

In general, was child: an "easy" baby? \_\_\_\_\_ a "difficult" baby? \_\_\_\_\_

### **Developmental Milestones**

Age child: \_\_\_\_\_ Walked alone \_\_\_\_\_ Spoke in simple sentences

\_\_\_\_\_ Toilet trained (bowel) \_\_\_\_\_ Toilet trained (bladder)

Does child wet \_\_\_\_\_ or soil \_\_\_\_\_ ? During day \_\_\_\_\_ or night \_\_\_\_\_ ?

How often? \_\_\_\_\_

### **Medical History**

Any illness other than normal childhood diseases? \_\_\_\_\_

Operations/Hospitalizations (Dates & reason for) \_\_\_\_\_

\_\_\_\_\_ Allergies \_\_\_\_\_ Convulsions/seizures \_\_\_\_\_ Frequent Colds  
\_\_\_\_\_ Head injuries \_\_\_\_\_ Chronic ear infections \_\_\_\_\_ Eye problems

Is child currently on medication? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please provide name of medications: \_\_\_\_\_

**School History**

Preschool \_\_\_\_\_ Good  
 Kindergarten \_\_\_\_\_ Good  
 Grades 1-3 \_\_\_\_\_ Good  
 Other grades ( ) \_\_\_\_\_ Good  
 Current grade ( ) \_\_\_\_\_ Good

**Learning**

\_\_\_\_\_ Average \_\_\_\_\_ Poor  
 \_\_\_\_\_ Average \_\_\_\_\_ Poor  
 \_\_\_\_\_ Average \_\_\_\_\_ Poor  
 \_\_\_\_\_ Average \_\_\_\_\_ Poor  
 \_\_\_\_\_ Average \_\_\_\_\_ Poor

**Behavior**

Preschool \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor  
 Kindergarten \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor  
 Grades 1-3 \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor  
 Other grades ( ) \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor  
 Current grade ( ) \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor

Has child repeated any grades? \_\_\_\_\_

Is child working at grade level? \_\_\_\_\_

Have teachers described any of the following classroom problems?

- |   |  |
|---|--|
| _____ Restless, overactive, out of seat | _____ Easily upset, "flies off the handle" |
| _____ Inattentive, daydreams, off-task  | _____ Work sloppy, careless                |
| _____ Doesn't finish work               | _____ Needs much attention from teacher    |
| _____ Impulsive, can't wait turn        | _____ Bothers other children               |
| _____ Doesn't do homework               | _____ Uncooperative with teacher           |

Describe any other school-related problems \_\_\_\_\_.

**Habits**

- |                                 |   |
|---------------------------------|---|
| _____ Temper tantrum            | _____ Interrupts frequently             |
| _____ Low frustration tolerance | _____ Frequently disobeys               |
| _____ Accident-prone            | _____ Clumsy                            |
| _____ Excessively active        | _____ Hedless of danger or consequences |
| _____ Short attention span      | _____ Stealing                          |
| _____ Poor memory               | _____ Fighting                          |
| _____ Unusual fears             | _____ Poor self-esteem                  |

**Family and Friends**

Describe how child gets along with:

- (a) Mother \_\_\_\_\_  
 (b) Father \_\_\_\_\_  
 (c) Siblings \_\_\_\_\_

Does child have friends? \_\_\_\_\_

Child's friends are primarily older \_\_\_\_\_ younger \_\_\_\_\_ same age as child \_\_\_\_\_

**Major Areas of Concern**

What is child's problem? \_\_\_\_\_  
\_\_\_\_\_

Has child been treated for this problem before? Describe \_\_\_\_\_  
\_\_\_\_\_

Has child had psychological testing in school or through a clinic? \_\_\_\_\_

**Family History**

Describe any psychiatric problems, drug abuse, or alcoholism in immediate family and extended family (include grandparents, cousins, etc.) \_\_\_\_\_  
\_\_\_\_\_

Has either parent or any of child's blood relative had a problem similar to child's? \_\_\_\_\_  
\_\_\_\_\_

How would you describe your marriage? \_\_\_\_\_

Do both parents agree concerning child's problem, discipline? \_\_\_\_\_