GEORGETOWN UNIVERSITY CHILDREN'S MEDICAL CENTER
DEPARTMENT OF PEDIATRICS - DIVISION OF CHILD NEUROLOGY

~ Over Five Years ~
DEVELOPMENTAL PEDIATRIC HISTORY QUESTIONNAIRE

Child's Name Today's Date
Child's Date of Birth Age: Years Months

Parent/Caregiver(s) Home Phone
Work Phone
Child's Doctor:
Doctor's Phone/Fax/Address:

Person Completing Questionnaire:

Please list your questions or concerns:

When did you first become concerned?

What is/was it that first caused you to become concerned?

Does your child have any additional medical problems? (**Please describe briefly, then bring with you any relevant records/reports, if available.**)

EDUCATION/COGNITIVE HISTORY
Name and Address of Child's School/preschool/Day Care: (Grade)

Has there ever been any Special Education meetings at school? Yes No
Does your child have a written: Individualized Education Plan {I.E.P.}?
Section 504 Plan?
Do you have a copy? Yes No
(If no, please request a copy prior to your appointment and bring it to the appointment.)

Has your child had any of the following (indicate date, name of agency or school, and check type):

_____ Pediatric Developmental Evaluation _____
_____ Psychological evaluation _____
_____ Speech and Language evaluation _____
_____ Educational evaluation _____
_____ OT or PT assessment _____

(IF YOUR CHILD IS NOT RECEIVING SPECIAL EDUCATIONAL ASSISTANCE, PLEASE SKIP THE NEXT TWO QUESTIONS)

What is your child's educational disability according to the school?

What are the special or related services, if any, they are receiving? (Please state what the service is and the number of hours):

School Services

Private Services

PAST MEDICAL HISTORY

How long was the pregnancy with your child? _____Full term (Born within 2 weeks of date due)
_____ Premature _____ weeks

Was your labor induced or augmented? Why?

Mode of Delivery? _____ Normal vaginal delivery
_____ Were forceps or vacuum used? (Circle if yes)
_____ C-section Why?_____
_____

Was your baby born/delivered ___ Head (vertex) ____ Buttocks or ____ Feet first?
Were there any complications immediately after birth ____ Jaundice, ____ Rh factor ____ Fever,
____ Infection, _____ Use of incubator, _____ Cyanosis (blue baby)
Did your child need oxygen? (Details please)

How long was your child in the nursery/hospital?
Was your child in the NICU (Neonatal Intensive Care Unit)
How long?
Was your child on a ventilator and if so how long?

During the pregnancy (check all that apply and give details where applicable):

Did you smoke? _____ ppd. During the	____ First	____ Second	____ Third Trimester
Did you drink alcohol?	____ First	____ Second	____ Third Trimester
What and how much?			
Did you use drugs?	____ First	____ Second	____ Third Trimester
What and how much?			
Did you have any bleeding?	____ First	____ Second	____ Third Trimester
Why and how much?			
Did you sustain any trauma to your abdomen (i.e., fall, motor vehicle accident)?	____ First	____ Second	____ Third Trimester
Did you have any fevers or illness?	____ First	____ Second	____ Third Trimester
Did you require any antibiotic treatments?	____ First	____ Second	____ Third Trimester
Did you have high blood pressure?	First	Second	Third Trimester
Did you have diabetes?	____ First	____ Second	____ Third Trimester
Did you have pre-eclampsia or toxemia?	____ First	____ Second	____ Third Trimester

Did you require any other medical treatment during the pregnancy? ____ First ____ Second ____ Third Trimester

Once you felt your child move inside was there any period greater than 24 hours when you did not feel him/her move? _____

If you have other children, how did the activity of this baby compare with the other babies? _____Not Applicable _____ More _____Less _____Same

Has your child had any of the following? (If so, please describe and give age in months at the time of the problem.):

_____ Major illnesses requiring prolonged medication
_____ Hospitalizations
_____ Operations/Surgery
_____ Head Injuries (any loss of consciousness, prolonged dizziness, vomiting afterward or headaches?)
_____ Fits, Seizures, Convulsions
_____ Infections of the Nervous System (meningitis, encephalitis)
_____ Lead or other poisoning: Has this been check? Yes No
What was the Level? _____
What treatment was done (if any)? _____

_____ Has your child eaten/drunk any non-food items? (If so what and at what age?

_____

Has your child had any of the following? (If so, please describe and give age in months at the time of the problem.)

_____ Vision Problems: Has this been checked?
_____ Hearing Problems: Has this been checked?
_____ Growth or Weight Problems
_____ Feeding Problems
_____ Allergic reactions
_____ Allergies (to medications or others) _____

_____

_____ Are your child's immunizations (shots) up to date?

Have any of the following tests been performed (Check and indicate or send results):

Blood Tests: _____ Ammonia _____Lactate _____ Pyruvate _____Serum Amino Acids
_____ Lead level _____Thyroid Function
Urine Tests: _____ Metabolic Screen _____Organic Acids Amino Acids
Genetic Testing: _____ Chromosomes _____ Fragile X (DNA)
Magnetic Resonance Imaging (MRI) of the Brain:
Electroencephalogram (EEG)
BrainStem Auditory Evoked Potential (BAER):
Cortical Auditory Evoked Potential (CAER):
Echocardiogram (ECHO):
Any other testing not listed here:

DEVELOPMENTAL HISTORY

As an infant did your child have any of these problems (if yes, please describe and give age):

Excessive fussiness/Colic

Did not like cuddling or being held

Excessive restlessness

How old was your child when he/she:	Actual or	Approximate	Relative to Siblings
Gross Motor	Age	Age	slower faster same
Sat up on their own	_____	___ <9 mos. <	_____ _____
Crawled (type) _____	_____	___ <10 mos.<	_____ _____
Stood alone	_____	___ <13 mos.<	_____ _____
Walked alone	_____	___ <16 mos.<	_____ _____
Rode a tricycle	_____	___ < 4 yrs.<	_____ _____
Rode a bicycle (without training wheels)	_____	___ < 9 yrs.<	_____ _____
Language/Social			
Smiled	_____	___ < 2 mos. <	_____ _____
Said first words	_____	___ < 7 mos. <	_____ _____
Understood single words	_____	___ < 9 mos. <	_____ _____
Spoke in a two word phrase	_____	___ < 2 yrs. <	_____ _____
Spoke in sentences	_____	___ < 3 yrs. <	_____ _____

How old was your child when he/she first:	Actual or	Approximate	Relative to Siblings
Fine Motor	Age	Age	slower faster same
Dress self (pull on clothes)	_____	___ < 4 yrs.	<_____ _____
Buttoned buttons	_____	___ < 5 yrs.	<_____ _____
Tied shoe laces	_____	___ < 5 yrs.	<_____ _____
Could write (handwriting)	_____	___< 6 yrs.	<_____ _____
Read	_____	___< 7.5 yrs.	<_____ _____

Does/did your toddler/baby have any difficulty with:

Separating from parent(s)? _____

Toilet training? _____

When was control accomplished for Bladder? _____

Bowel? _____

Sleeping? _____

Eating? _____

Playing with peers? _____

Does your child select younger _____ same age _____ or older _____ children to play with?

Is your child involved in any sports or organized after school activities?_____

_____

What are your child's main interests? _____

_____

REVIEW OF SYSTEMS

Does your child suffer from any other Health Problems? If yes, please describe including onset of symptoms and any medical treatments:

Has your child ever lost any skills that they previously had (i.e., language regression)? _____

What skills? _____

At what age? _____

Over what period of time? _____

Regressed to what extent (i.e., partial or complete loss)? _____

Please detail: _____

Has your child ever had a seizure (fit, epilepsy, convulsions)?

Please detail_____

Has your child ever had staring spells when you had difficulty getting their attention?

Has your child ever had a motor tic (a sudden contraction of a muscle group, a flinch, or habit) or vocal tic (involuntary repetitive sound)?

Does your child have any repetitive behaviors (i.e., hand flapping, head banging, rocking, walking in circles)? _____

Does/did your child:

_____ Bite their nails?

_____ Steal?

_____ Suck their thumb?

_____ Lie (please describe)? _____

_____ Try to intentionally harm themselves? _____

_____ Show cruelty to animals? _____ Play with fire?

_____ Constantly put things in their mouth (if child is over 3 years old)?

_____ Show respect for authority? _____ Get into physical fights

_____ Get suspended from school? _____ Get in-school suspensions

_____ Get expelled? _____ Skip school?

Does your child have any ritualistic behaviors (i.e., needs objects in a certain place before going to bed, has to go the same route every time)? Please describe

Is your child bothered by any stimuli that do not seem to bother other people or yourself (i.e., sounds like a large garbage truck passing, bright lights, certain clothing or the labels on pants and shirts, being touched, certain textures of food)?

Does your child sleep well?

Does your child have a good appetite?

Does your child have any major fears?

Would you say, or do others say, that your child (Check all that apply and note when the behavior was first noticed and if/how the behavior has changed since first noticed):

is Hyperactive? _____
is in constant motion? _____
is fidgety? _____
is overactive? _____
is impulsive? _____
is easily distracted? _____
has problems focusing on things for long? _____
If yes, what can he/she focus on (e.g., cartoons, video games, computer...) _____
_____
_____
is disorganized? _____
is moody? _____

What medicines, treatments, or interventions have been used?

_____
_____
_____
_____
_____

FAMILY/SOCIAL HISTORY

Family Educational History (Please complete all information known even if the child does not reside with their biological parents):

Name	Age	Highest Grade Completed in School	Occupation/Work/School
Mother			
Father			
Siblings			

Whom does your child resemble most in the family? _____

Below are listed some things that run in families. Please circle the biological family members who show these and describe briefly:

KEY TO FAMILY ABBREVIATIONS:
P-Father/Paternal (on the father's side of the family)
M=Mother/Maternal (on the mother's side of the family)
A=Aunt U=Uncle First Cousin=Children of parent's brothers or sisters)
MU=Maternal Uncle (mother's brother) MA=Maternal Aunt (mother's sister)
PU=Paternal Uncle (father's brother) PA=Paternal Aunt (father's sister)
PGM=Paternal Grandmother (father's mother) PGF=Paternal Grandfather (father's father)
MGM=Maternal Grandmother (mother's mother)
MGF=Maternal Grandfather (mother's father)

Left-Handers:
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins (Distinguish between Maternal or Paternal)
Please describe:

Visual Impairments:
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins (Distinguish between Maternal or Paternal)
Please describe:

Hearing Impairments:
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins (Distinguish between Maternal or Paternal)
Please describe:

Attentional/Organizational/Executive Function Difficulties:
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins (Distinguish between Maternal or Paternal)
Please describe:

Specific Learning Disabilities, Dyslexia, Slow Readers, Bad Math Students:
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins Distinguish between Maternal or Paternal
Please describe:

Speech and Language difficulties, Communication difficulties, Pervasive Developmental Disorder, Autism, Asperger's Syndrome:
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins Distinguish between Maternal and Paternal
Please describe:

Fine Motor Difficulties, Poor Handwriting, Difficulty Handling Utensils:
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins Distinguish between Maternal or Paternal
Please describe:

Gross Motor Difficulties, Cerebral Palsy, Delayed Walking, Clumsy:
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins Distinguish between Maternal or Paternal
Please describe:

Global Developmental Delay, Mental Retardation, Genetic Disorders (Down Syndrome, Fragile X):
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins Distinguish between Maternal or Paternal
Please describe:

Seizures, Fits, Epilepsy, Convulsions:
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins Distinguish between Maternal or Paternal
Please describe:

Migraine Headaches:
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins Distinguish between Maternal or Paternal
Please describe:

Neurological Brain Disorders (i.e., Stroke under the age of 40 years):
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins Distinguish between Maternal or Paternal
Please describe:

Any Early Childhood Deaths of Unknown Cause:
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins Distinguish between Maternal or Paternal
Please describe:

Auto immune Disease (Diseases such as lupus, long names ending in -itis):
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins Distinguish between Maternal or Paternal
Please describe:

Juvenile forms of Diabetes or Rheumatoid Arthritis:
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins Distinguish between Maternal or Paternal
Please describe:

Disorders of the Glands, Endocrine System, Thyroid Problems:
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins Distinguish between Maternal or Paternal
Please describe:

Allergies (i.e., Hayfever, Eczema, Asthma):
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins Distinguish between Maternal or Paternal
Please describe:

Psychiatric Problems (i.e., Depression, Anxiety, Schizophrenia, Obsessive Compulsive Disorder):
Child Biological Siblings Father(P) Mother(M)
Child's Aunts(A) and Uncles(U) MU MA PU PA
Child's Grandparents(G): PGM PGF MGM MGF
Child's First Cousins Distinguish between Maternal or Paternal
Please describe:

Any Additional Comments Concerning the Family History: