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Private Practice in Psychology

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STUDENT & CHILD HISTORY

Client Name _____ Birthdate _____ Age _____

Client Gender: _____ Pronouns: _____

Parent 1 Name _____ Birthdate _____

Parent 1 Occupation & Employer _____

Parent 2 Name _____ Birthdate _____

Parent 2 Occupation & Employer _____

Parents' Marital Status _____

Others in Home:

<u>Name</u>	<u>Relationship to Client</u>	<u>Age</u>	<u>School/Occupation</u>
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Significant others outside of the home (include relationship to client, age, where they reside):

Developmental History

1. Pregnancy with client was:

_____ Uneventful _____ Complicated (explain) _____

2. Client's birth occurred:

_____ At full term _____ Prematurely, by _____ weeks _____ Late, by _____ weeks

3. Please list any complications during or immediately following the birth:

4. At approximately what age did the client begin to (If unsure of exact age, please indicate "early," "normal," or "late"):

Walk _____ Say first words _____ Put words in sentences _____
Establish bladder control _____ Establish bowel control _____

Medical History

1. Please list medications currently taken by client, including dosage:

Medication _____ Dosage _____ For What Condition _____

Medication _____ Dosage _____ For What Condition _____

2. Please list the physicians most familiar with the client's medical history:

Physician Name _____ Specialty _____ Location _____

Physician Name _____ Specialty _____ Location _____

3. Please list any significant illnesses, injuries, or hospitalization/surgeries experienced by the client:

Illness/Injury Approximate Date Hospitalized? Enduring Effects

4. Has the client ever experienced any of the following:

Describe Condition & Approximate Dates

a. Sleep problems _____

b. Eating problems _____

c. Unusual weight gain/loss _____

d. Vision/hearing problems _____

e. Chronic ear infections _____

f. Allergies/Asthma _____

g. Convulsions or seizures _____

h. Nervous tics _____

i. Chronic stomachaches _____

j. Chronic headaches _____

k. Recreational drug/alcohol/tobacco use _____

5. Please list any significant medical history in parent 1's immediate or extended family:

6. Please list any significant medical history in parent 2's immediate or extended family:

7. Please list any significant medical history in the client's siblings:

8. If there are any other current medical or psychological issues in the immediate or extended family that are contributing significant stress to the client:

Educational History

1. Please list the schools the client has attended, beginning with the current school and working backward.

<u>School/Location</u>	<u>Dates Attended</u>	<u>Grades Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Please rank the client’s current academic achievement levels in comparison to their classmates.

<u>Academic Subject</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Receiving Assistance/Tutoring</u>
1. Reading	_____	_____	_____	_____
2. Math	_____	_____	_____	_____
3. Spelling	_____	_____	_____	_____
4. Handwriting	_____	_____	_____	_____
5. Written Expression	_____	_____	_____	_____
6. Science	_____	_____	_____	_____
7. Social Studies	_____	_____	_____	_____
8. Foreign Language	_____	_____	_____	_____

3. Please list any special talents (artistic, dramatic, musical, etc.) that the client has displayed:

4. Has the client ever: (If yes, please describe when, for what purpose, & results)

- a. Repeated or skipped a grade? _____
- b. Received remedial assistance? _____
- c. Qualified for special education/IEP? _____
- d. Received academic accommodations (504 plan or otherwise)? _____
- e. Received psychological or individualized education testing? _____

Language & Speech Function

1. Client’s primary language is: _____ English _____ Other (please indicate) _____
List any other languages understood/spoken by the client: _____

2. Describe any unusual difficulties the client shows in understanding spoken language: _____

3. Describe any unusual difficulties the client shows in using spoken language: _____

Physical development

1. Please rank the client's physical coordination in the following:

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
1. Running	_____	_____	_____
2. Skipping	_____	_____	_____
3. Balancing on one foot	_____	_____	_____
4. Catching a ball	_____	_____	_____
5. Throwing a ball	_____	_____	_____
6. Drawing	_____	_____	_____
7. Using Scissors	_____	_____	_____

2. Please list any sports or physical activities for which the client shows interest or talent: _____

Work history

1. What chores does the client regularly perform around the home? _____

2. Please list any paid or volunteer work experience:

<u>Type of Work Performed</u>	<u>Employer</u>	<u>Dates of Employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emotional/Behavioral/Social Development

1. Describe the client's temperament: _____

2. Describe any unusual behaviors or reactions to the following:

- a. Unusual Fears _____
- b. Mood patterns _____
- c. Psychosomatic complaints _____
- d. Impulsivity, fidgeting, hyperactivity _____
- e. Distractibility/poor concentration _____
- f. Anger/Oppositional behavior _____
- g. Physical Aggression _____
- h. Misconduct problems _____
- i. Repeated habits/mannerisms _____
- j. Other concerns _____

3. Describe list the names of client's previous therapists and approximate dates of service:

4. How does the client get along with

a. Peers: _____

b. Siblings: _____

c. Parents: _____

d. Other Authority Figures: _____

5. What methods are used to encourage or reward the client? _____

6. What methods are used as consequences for inappropriate behavior? _____

7. Does the client have a police or court record or any pending legal action? _____

What other information do you think I should know to help me work with this client? _____

What are the goals you'd like addressed by our work with the client?

1. _____

2. _____

3. _____

4. _____

5. _____

Thank you for your assistance in providing this information. It will help in understanding and facilitating the changes that are the goal of these services.

Signature of person completing this form

Relationship to client

Date

Signature of person completing this form

Relationship to client

Date