SPENCER H. GELERNTER, PH.D. & ASSOCIATES

CHILDREN . ADULTS . FAMILIES . COUPLES

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BACKGROUND INFORMATION FORM

Date: _____ **Referred by:** _____

Child's Name: _____ Home Phone: (____)_____
Street: _____ Date of Birth: _____ Age: _____
City: _____ State: _____ Zip: _____ School: _____
Grade: _____ Teacher: _____ Phone: _____

Please list your presenting concerns and/or questions that you would like answered by this evaluation. _____
_____
_____
_____
_____
_____
_____
_____

Father's Name:_____ Email: _____
Address *(if different than above):* Street:_____ City:_____ Zip:_____
Home Phone:_____ Work Phone:_____ Cell Phone:_____
Fax:_____ Profession: _____Highest Level of Education:_____
Employer:_____

Mother's Name:_____ Email: _____
Address *(if different than above):* Street:_____ City:_____ Zip:_____
Home Phone:_____ Work Phone:_____ Cell Phone:_____
Fax:_____ Profession: _____Highest Level of Education:_____
Employer:_____

FAMILYMEMBERS Name	Birthdate	Age	Relationship to Child	Current Grade or Highest Grade Completed	In/Out of Home

Please list: stepparent(s), siblings, and stepsiblings, if appropriate. *(List additional family members on a separate sheet of paper if required.)*

Nearest relative not living with you: _____Phone Number:(____)_____

1. **This is Father's** _____ marriage. **This is Mother's** _____ marriage.

2. **Who takes care of your child when he/she is not in school?** _____

3. **If divorced, child lives with:** Mother _____% of time Father _____% of time

4. **Child is in legal custody of:** Mother _____ Father _____ Joint _____

Family History of Learning and/or Psychological Problems:

Please mark any educational/psychological problems experienced by any family member (parents, grandparents, aunts, uncles, cousins, and siblings):

Paternal Side: Learning Disabilities ___ ADHD/ADD ___ Anxiety___ Depression___ Addictions*___ Reading/Spelling Problems ____ Math Problems ____

Maternal Side: Learning Disabilities ___ ADHD/ADD ___ Anxiety___ Depression___ Addictions*___ Reading/Spelling Problems ____ Math Problems ____

Comments: _____

_____

_____

_____

*(*__Addictions may include:__ Alcohol, Drugs, Sex, Gambling, Food, etc.)*

DEVELOPMENTAL HISTORY (BIRTH TO AGE 5)

Pregnancy and Birth:

5. **Age of father at the time of child's birth:** _____ Years

6. **Age of mother at the time of child's birth:** _____ Years

7. **Did any of the mother's previous pregnancies end by miscarriage?** How many?
____ Does not apply ____ Do not know _____ No ____ Yes ____ _____

8. **Was pregnancy with your child planned?** ____ Do not know _____ Yes_____ No

9. **Was your child adopted?** _____ If so, at what age? _____

10. **What was the mother's condition while pregnant with this child?**

____ Normal, no health problems
____ Did not smoke cigarettes
____ Did not use alcohol
____ Did not use illegal drugs
____ Frequent nausea
____ Took prescription drugs *
____ Threatened miscarriage
____ High blood pressure
____ Diabetes
____ Bleeding
____ Toxemia
Other:_____

***List Medications Used**: _____

10. **Birth Weight:** _____ lbs. _____ozs.

11. **Gestational age:** _____ weeks

12. **Length of baby's stay in hospital?** _____

13. **What were the conditions of your child's birth?**

____ Normal
____ Cesarean delivery
____ Complications with delivery
____ Premature birth
____ Breech birth
____ Rh Factor problems
____ Do not know

Other: _____

14. **What was your child's physical condition immediately after birth?**

____ Normal, no problems
____ Difficulty breathing
____ Problems with heart
____ Problems with digestion
____ Infection
____ Fever
____ Had blood transfusion
____ Do not know
____ Injured at birth
____ Placed in incubator
____ Problems with bone development
____ Low birth weight
____ Jaundice
____ Had seizures
____ Placed in intensive care

Other: _____

Infant/Toddler Development and Preschool:

15. **Describe your child's temperament before age 2.**

____ Calm
____ Sociable
____ Happy
____ Alert
____ Affectionate
____ Playful
____ Regular/predictable
____ Angry
____ Unhappy
____ Crying
____ Hypersensitive
____ Irritable
____ Cranky
____ Colicky
____ Withdrawn
____ Sleepy
____ Fearful
____ Irregular
____ Difficult
____ Highly Active
____ Do not know

Other: _____

16. **How was your child fed before age 2 years?**

____ Breast How long? _____ Bottle How long? _____
____ Breast and Bottle How long? _____

17. **Were there problems in toilet training?** **At what age achieved?** _____

____ Mild
____ Moderate problems
____ Severe problems
____ No problems
____ Do no know

18. **From birth to age 2 years, describe your child's physical skills development?** (Sitting, and reaching up, etc.)

____ Advanced in comparison to other children
____ Average in comparison to other children
____ Slow in comparison to other children
____ Do not know

19. **From ages 2 to 5 years, describe your child's motor development?** (running, jumping, throwing, catching, etc.)

____ Advanced in comparison to other children
____ Average in comparison to other children
____ Slow in comparison to other children
____ Do not know

20. **From ages 2 to 5 years, describe your child's <u>language development?</u>** (talking in sentences, vocabulary, etc.)

____ Advanced in comparison to other children ____ Do not know
____ Average in comparison to other children
____ Slow in comparison to other children

21. **From ages 2 to 5 years, describe your child's <u>social development?</u>** (development of friendships with peers, relationships with adults, etc.)

____ Advanced in comparison to other children ____ Do not know
____ Average in comparison to other children
____ Slow in comparison to other children

22. **At what age did your child achieve the following <u>developmental milestones</u>?**

<u>Language</u>
Babbled _____
First word _____
2 words together _____
Sentences _____
Followed 1 step directions _____
Recited rhymes _____
Followed multiple step directions _____
Told stories _____
Began reading _____

<u>Motor</u>
Rolled over _____
Sat alone _____
Fed self _____
Walked alone _____
Scribbled _____
Used scissors _____
Wrote their own name _____
Rode 2-wheel bike _____

<u>Social</u>
Enjoyed being held _____ Parallel played _____
Afraid of strangers _____ Began pretend play _____
Played peek-a-boo _____ Played cooperatively _____

<u>Latency to Present (since the age of 5):</u>

<u>Emotional:</u>

23. **Since the age of 5, check the <u>characteristics</u> that apply to your child.**

____ Cries easily and often
____ Is overly dependent
____ Feelings are easily hurt
____ Feels inferior
____ Has strong fears
____ Is easily upset
____ Is too neat and orderly
____ Seems too serious
____ Spends too much time on the computer
____ Spends too much time in role-play games
____ Talks often about death or injury
____ Frequently seems anxious or tense
____ Frequently seems sad or depressed
____ Is easily embarrassed
____ Seems withdrawn/spends time alone
____ Is too concerned with cleanliness
____ Needs too much affection
____ Worries about getting sick
____ Sees or hears things that others do not
____ Repeats certain behaviors over and over

Other:_____
_____
_____

Personality:

24. **How would you currently describe your child?**

____ Active	____ Nervous	____ Clumsy
____ Content	____ Quiet	____ Unhappy
____ Outgoing	____ Passive	____ Moody
____ Happy	____ Fearful	____ Dull
____ Calm	____ Shy	____ Noisy
____ Coordinated	____ Lonely	____ Intelligent

Other:_____
_____

25. **How would you describe your child's self-esteem?** (Circle)

Very Positive Positive Mixed Negative Very Negative

Other: _____

26. **Check the personality characteristics that best describe your child.**

____ Is self-critical	____ Overreacts to small mistakes
____ Acts inferior to other children	____ Gives up easily
____ Has little self-confidence	____ Is afraid to ask other children to play
____ Always tries to please others	____ Tries to be too much like other children
____ Is not interested in learning	____ Is socially immature
____ Is not liked by other children	____ Has trouble making friends
____ Will not play alone	____ Has no hobbies or interests
____ Has a bad temper	____ Friends are mainly of the opposite sex
____ Is in trouble with the police	____ Does not know right from wrong
____ Has a poor sense of loyalty	____ Does not feel guilty about misbehaving
____ Is disrespectful of authority	

Other:_____
_____

27. **Check behaviors that apply to your child.**

____ Does not compromise with other children	____ Often interrupts adults or children
____ Frequently argues or disagrees	____ Is disobedient
____ Is too aggressive	____ Always has to have own way
____ Intentionally breaks things	____ Threatens to run away from home
____ Is cruel to animals	____ Often brags or boasts
____ Is a show-off	____ Threatens to hurt others
____ Threatens to hurt self	____ Frequently sulks or pouts
____ Plays with matches or fire	____ Swears or uses bad language
____ Smokes, drinks, or uses drugs	____ Has been involved in vandalism
____ Frequently lies	____ Steals things from children or adults
____ Cheats at games	____ Blames others for mistakes
____ Ignores rules	____ Is defiant

Other:_____
_____

28. **Are there any other <u>problems</u> your child is having?**

____ Depression
____ Suicidal thoughts
____ Suicidal actions
____ Fears
____ Anxiety
____ Stealing
____ Anger
____ Oppositional
____ Arguments with parents
____ Impulsive or acts without thinking
____ Distractible and easily off-task
____ Acts too young for his/her age
____ Complains of loneliness
____ Academic problems
____ Refuses to go to bed
____ Behavior problems at school
____ Behavior problems at home
____ Adjustment to parents' divorce
____ Health problems
____ Bed-wetting
____ Sexual abuse
____ Physical abuse
____ Neglected by parents
____ Behaves like opposite sex
____ Clings to adults or too dependent
____ Gets teased a lot

Other:_____
_____

<u>Social:</u>

29. **How does your child <u>relate</u> with his/her peers?**

____ No Problems
____ Being rejected by peer group
____ Having peers who get better grades
____ Having peers who engage in delinquent behavior
____ Hurts or teases others
____ Invades others' personal space
____ Too shy with peers
____ Difficulty making friends
____ Being physically attached
____ Is afraid to ask other children to play
____ Tries to be too much like other children
____ Jealous of peers
____ Bullies others

Other:_____
_____

30. **Which of the following best describes your child's number of <u>close friends</u>?** (Circle)

Many Several Few No close friends

31. **What is your child's perception of his/her <u>level of acceptance</u> by peers?** (Circle)

Good Mixed Poor

<u>Activities:</u>

32. **Does your child participate in <u>sports</u> or <u>games</u>?**

_____No
_____Yes, neighborhood games
____ Yes, group sports (baseball, soccer, dance, cheerleading)
____ Yes, individual sports (hiking, running, tennis, etc.)

Other: _____

33. **When your child plays sports/games, does he/she:**

____ Actively participate
____ Cheat
____ Show unsportsman-like conduct
____ Passively participate
____ Shows no interest in winning

34. **Please list any organizations, clubs, teams, or groups your child belongs to: Compared to others of the same age, how active is he/she in each?**

	Don't know	Less than Average	Average	More than Average
None _____				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

35. **Please list your child's favorite hobbies, activities and games, *other* than sports.**
(For example: Collecting, computer/video games, TV, reading, playing an instrument, drama.)

_____

Current Behaviors and Relationships in the Home:

36. **Compared to others his/her age, how well does your child:**

	Worse	About Average	Better
Get along with his/her brothers & sisters?	_____	_____	_____
Get along with other kids?	_____	_____	_____
Behave with his/her parents?	_____	_____	_____
Play and work alone?	_____	_____	_____

FAMILY INFORMATION

37. **How would you rate your current marriage?** (1-10 Scale, poor to great)
Husband's Perspective _____ Wife's Perspective _____

38. **How would you rate your current job satisfaction?** (1-10 Scale, poor to great)
Husband's Job _____ Wife's Job _____

39. **What are your routine work hours?**
Husband _____ Wife _____

40. **Are any children living in the household adopted? If so, at what age were they adopted and how long ago?** _____

41. **Have there been any deaths in the immediate family? If so, whom, relationship to child, and when?**_____

42. **What religion does the family practice?** _____

43. **How important is religion in the family?**
_____ Important _____ Somewhat important ____ Somewhat unimportant
_____ Unimportant _____ Does not apply

44. **Please list the family's greatest sources of stress and concerns:**
_____
_____
_____
_____

45. **Please tell us anything you think might be important for us to know about your child, your family or any <u>exceptional circumstances</u> that might directly or indirectly affect your child:**

_____
_____
_____

46. **If parents are <u>separated</u> or <u>divorced</u>, what is your child's attitude toward this situation?**

____ Does not apply
____ Fears impending separation/divorce
____ Blames father
____ Blames mother
____ Hopes parents will reunite
____ Has fears of abandonment
____ No anticipation of separation/divorce
____ Has difficulties relating to dad's girlfriend/wife
____ Has difficulties relating to mom's boyfriend/husband
____ Is accepting and comfortable
____ Has conflicts over custody
____ Has conflicts over visitation

47. **What kinds of <u>discipline</u> do you use with your child?**

____ None
____ Grounding
____ Yelling
____ Withdrawal of privileges
____ Time Outs
____ Physical punishment
____ Lectures
____ Loss of allowance

Other:_____

48. **How <u>strict</u> are you with your child?**

____ Strict
____ Very strict
____ Permissive
____ Very Permissive
____ Average

49. **What <u>rewards</u> or reinforcers do you use to recognize good behavior?**

____ Recognition/praise by father
____ Recognition/praise by mother
____ Money
____ Music
____ Toys/games
____ Sleepovers
____ Television time
____ Computer time
____ Books
____ Snacks/sweets
____ Privileges
____ Telephone time

Other: _____

50. **Describe your child's <u>responsibilities</u> at home:**

____ Yard work
____ Taking out garbage
____ Keeping room clean
____ Baby sitting
____ Doing laundry
____ Caring for pets
____ Kitchen help

Other: _____

51. **Describe your child's <u>privileges</u> at home:**

____ Going out after dark
____ Using the phone whenever child wants
____ Staying home alone when parents go out
____ Sleepovers
____ Computer/TV time
____ Playing without supervision
____ Determining own bedtime
____ Buying own clothes
____ Deciding how to spend money
____ Has own cell phone
____ Drives own car

Other:_____

52. **How supportive does your child believe his/her mother is?** (Circle one)

Very Supportive	Somewhat Supportive	Minimally Supportive	Not Supportive	Does not Apply

53. **How supportive does your child believe his/her father is?** (Circle one)

Very Supportive	Somewhat Supportive	Minimally Supportive	Not Supportive	Does not Apply

54. **What do you and your child argue about?**

____ Nothing	____ Curfew	____ Telephone privileges
____ Privacy	____ Friends	____ Homework
____ Etiquette/Manners	____ Chores	____ Bad language
____ Lying	____ Music	____ Clothes
____ Grades	____ Bedtime	____ Losing things

Other:_____

55. **Describe your child's awareness and knowledge of sex.**

____ Aware of reproduction facts	____ Not aware/not knowledgeable
____ Comfortable with sexual matters	____ Avoids sexual matters
____ Overly mature regarding sexual matters	____ Does not apply

Other: _____

56. **Is your child overly interested in sexual matters:** _____ No ____ Yes

If yes, explain. _____

_____

_____

57. **Has your child expressed a desire to be the opposite sex?**

_____ Never

_____ At one time, but not currently

_____ Yes, currently

58. **Has your child been abused?**

____ No	_____ Yes, physically	____ Yes, emotionally
____ Yes, verbally	_____ Yes, sexually	____ Yes, neglected

MEDICAL HISTORY

Current Pediatrician: _____ **Telephone #:** _____

59. **What is the date, month, and year of your child's most recent check-up?**

Medical _____	Hearing _____
Dental _____	Vision _____

60. **Does your child wear glasses/contacts for reading?** _____ **for distance?** _____

61. **Does your child wear a hearing aid?** Yes No

62. **Which of the following illnesses or injuries has your child had?**

____ Ear infections	____ Pneumonia	____ Fever over 104 *
____ Strep throat	____ Dehydration	____ Hernia
____ Bronchitis	____ Measles	____ German Measles
____ Chicken pox	____ Tonsillitis	____ Mumps
____ Asthma	____ Meningitis	____ Diabetes
____ Broken bone *	____ Tuberculosis	____ Rheumatic Fever
____ Seizures	____ Polio	____ Poisoning

* Describe briefly _____
Other: _____

63. **Has your child ever been hospitalized?**

	Age	Length of Stay in Hospital:
Reason: _____	_____	_____
_____	_____	_____
Surgeries: _____	_____	_____
_____	_____	_____

Current Health Status:

64. **Please check if your child is currently under medical or psychological care.**

____ None	_____ For allergies, not asthma
____ For ADD/ADHD	_____ For diabetes
____ For anxiety and/or depression	_____ For seizure control
____ For asthma	

Other: _____

65. **Check if your child has frequent physical complaints:**

____ None	____ Complains of headaches
____ Complains of stomachaches	____ Complains of muscle aches

Other: _____

66. **Check the descriptions that best describe your child's physical characteristics.**

____ Is uncoordinated	____ Is neither strongly right nor left handed
____ Is clumsy	____ Has tics or twitches
____ Has trouble with balance	____ Is overactive
____ Frequently drops or breaks things	____ Is always climbing or running
____ Seems listless or lacks energy	____ Has trouble throwing or catching a ball

Other: _____

67. **Is your child overweight**? _____ If so, by approximately how much? _____

68. **Is your child underweight**? _____ If so, by approximately how much? _____

69. **Does your child eat only a few favorite foods?** Yes ____ No ____

70. **Does your child eat non-food material?** (Example: paper, plastic, etc.) Yes ___No ____
If yes, please explain: _____

71. **In the last six months, has there been a change in your child's weight or appetite?**

____ Normal increase in weight and height
____ Increase in appetite
____ Weight gain
____ Decrease in appetite
____ Weight loss due to diet
____ Inexplicable weight loss
____ None

Other: _____

72. **What problems does your child have with eating?**

____ Overeats
____ Eats too many snacks
____ Has a poor appetite
____ Refuses to eat balanced diet
____ Finicky about food(s)
____ None

Other: _____

73. **Check those sleep problems that apply to your child.**

____ Bedtime
____ Wake up time
____ Trouble getting to sleep
____ Sleeping too much
____ Refusing to go to bed
____ Sleepwalking
____ Nightmares
____ Not getting enough sleep
____ Restless in bed
____ Waking up too early in the morning
____ Refusing to get up in the morning
____ Night terrors
____ None

Other: _____

74. **Does your child have problems with wetting or soiling?**

____ Daytime soiling
____ Nighttime soiling
____ Daytime wetting
____ Nighttime wetting
____ None

How often? _____

75. **Is your child or anyone in your family currently on medication(s) (for other than minor, brief illnesses)?** If so, please name the person, list medication, dosage, how often it is taken and why it was prescribed:

_____
_____
_____

76. **Please list any major health problems of any member(s) of your family:**

_____
_____
_____

Testing Past/Current (Educational, Psychological, OT, PT, Speech):

77. **Has your child been previously evaluated?** Yes No

If so, please name previous person or agency that tested your child including diagnosis:

_____
_____
_____

78. **Please name child or family member's previous therapist(s), location and approximate dates seen (i.e., counseling, OT, PT, or Speech Therapy, etc.):**

_____
_____
_____
_____

EDUCATIONAL HISTORY

***List all preschools and schools your child has attended and dates*:**

School Name	City	Grade Level	Dates

Current teacher(s) name/contact #: _____

79. **How was your child described by his/her preschool teacher?** _____
_____

80. **Were there any difficulties reported by the preschool teacher?**
If so, please describe _____
_____

81. **Noted concerns during elementary school years** (i.e., poor grades, behavioral problems, social issues, detentions, suspensions, etc.)
_____
_____
_____

82. **Noted concerns during middle school years** (i.e., poor grades, behavioral problems, emotional problems, social issues, detentions, suspensions, etc.)
_____
_____
_____

83. **Noted concerns during high school years** (i.e., poor grades, behavioral problems, problems, emotional problems, social issues, detentions, suspensions, etc.)
_____
_____
_____

84. **Has your child ever been retained?** ____ Yes ____ No
If yes, what grade? _____

85. **Has your child ever skipped a grade?** ____ Yes ____ No
If yes, what grade? _____

86. **Has your child ever been placed in a gifted program?** _____ grade(s) _____

87. **Has your child ever received Special Ed/Resource services through the school?** _____ grade(s) _____
what services?_____

Current Educational Functioning:

88. **Describe your child's current subject strengths in school:**

____ English/Lang. Arts	____ Social Science	____ Art
____ Reading	____ Math	____ Music
____ Spelling	____ Science	____ Does not apply
____ History	____ PE	____ None

Other: _____

89. **Describe your child's current skill strengths in school:**

____ Organization	____ Concentration	____ Paying attention
____ Handwriting	____ Test preparation	____ Assignments done on time
____ Paper and reports	____ Taking tests	____ Reading Comprehension
____ Spelling	____ Memorizing	____ Written expression
____ Reading speed	____ Intelligence	____ Being careful/checking
____ Behaving correctly	____ Vocabulary	____ Does not apply
____ Understanding concepts	____ Pleasing the teacher	____ None

Other: _____

90. **Describe your child's current subject weaknesses:**

____ Math	____ Art	____ Music
____ Reading	____ History	____ Does not apply
____ Spelling	____ Science	____ None
____ English/Lang. Arts	____ Social Science	

Other: _____

91. **Describe your child's current skill weaknesses in school:**

____ Organization	____ Concentration	____ Paying attention
____ Handwriting	____ Test preparation	____ Assignments done on time
____ Paper and reports	____ Memorizing	____ Reading Comprehension
____ Spelling	____ Taking tests	____ Written expression
____ Reading speed	____ Intelligence	____ Being careful/checking
____ Behaving correctly	____ Vocabulary	____ Does not apply
____ Understanding concepts	____ Pleasing the teacher	____ None

Other: _____

92. **Previous teachers' attempted solutions to school problems:**

_____
_____
_____

93. **Does your child currently receive additional <u>academic support</u>?** Yes No

____ Does not apply	____ Tutor	____ Special Services
____ No	____ Peer tutor	____ Occupational Therapist
____ Resource Room	____ Special Ed Tutor	____ Speech/Language Therapist
____ Self-Contained	____ Learning Specialist	____ Early Intervention Prog. (EIP)

Have you used any of these in the past? Yes___ No ___ If so, which? _____

<u>Academic Performance:</u>

94. **<u>Organization and Memory:</u>** (Check all that apply)

____ Needs oral questions and directions frequently repeated
____ Has difficulty retrieving, recalling, or naming objects, persons, places, etc.
____ Fails to generalize knowledge from one situation to another
____ Remembers information one time, but not the next time
____ Requires slow, sequential, substantially broken down presentations of concepts
____ Has a poor memory
____ Does not have good common sense
____ Becomes confused easily
____ Is unable to find locations in a building
____ Does not demonstrate an understanding of directionality
____ Has trouble with time and date
____ Has a poor sense of direction
____ Has trouble knowing right from left
____ Has trouble understanding puzzles and games
____ Has trouble getting organized
____ Has trouble planning activities
____ Has difficulty staying in an assigned area for specific period of time
____ Perseverates – does the same thing over and over
____ Forgets things
____ Is too involved in fantasies
____ Has trouble finishing projects
____ Acts impulsively
____ Loses interest quickly
____ Changes mind often
____ Learns best by doing hands-on activities

Other:_____

95. **<u>Listening:</u>** (Check all that apply)

____ Has difficulty understanding abstract concepts
____ Does not follow verbal directions
____ Does not hear all what is said
____ Does not take notes when necessary
____ Has difficulty differentiating speech sounds heard
____ Does not understand what is being said
____ Needs directions reworded
____ Asks questions for clarification
____ Has trouble understanding instructions

Other: _____

96. **Speaking:** (Check all that apply)

____ Refuses to speak
____ Uses baby talk
____ Misnames things, or has difficulty with word retrieval
____ Omits, adds, substitutes or rearranges sounds or words when speaking
____ Distorts or mispronounces words or sounds when speaking (not attributed to dialect or accent)
____ Does not use appropriate subject-verb agreement when speaking
____ Has a limited speaking vocabulary
____ Speaks dysfluently
____ Stutters or stammers
____ Talks too fast
____ Does not complete statements or thoughts when speaking

Other: _____

97. **Reading:** (Check all that apply)

____ Reads slowly
____ Reads through punctuation
____ Reads robotically, without inflection
____ Does not comprehend what he/she reads
____ Fails to demonstrate word attack skills
____ Fails to recognize words on grade level
____ Looses place when reading
____ Does not read consonant or vowel sounds consistently
____ Omits, adds, substitutes or reverses letters, words, or sounds when reading
____ Does not read independently
____ Does not like to read or avoids reading

Other: _____

98. **Spelling:** (Check all that apply)

____ Spells well on tests, but poorly on papers or in essays
____ Fails to use spelling rules
____ Has difficulty with phonic approaches to spelling
____ Omits, substitutes, adds or rearranges letter or sound units when spelling words
____ Requires continued drill and practice in order to learn spelling words

Other: _____

99. **Mathematical Calculations:** (Check all that apply)

____ Has difficulty solving math word problems
____ Fails to change from one math operation to another
____ Does not understand abstract math
____ Fails to correctly solve math problems requiring borrowing and carrying
____ Fails to follow necessary steps in math problems
____ Confuses operational signs when working math problems
____ Fails to correctly solve problems involving money
____ Fails to correctly solve problems using measurement
____ Does not know basic math facts expected for grade
____ Makes careless math errors frequently
____ Learns best with real life examples

Other: _____

100. **Academic Skills:** (Check all that apply)

____ Does not work on assignments during class time
____ Does not finish homework
____ Does not turn in homework
____ Cannot work independently
____ Does not follow written instructions
____ Is reluctant to attempt new assignments or tasks
____ Requires repeated drill and practice
____ Blames teachers for problems in school
____ Does not get along with teachers
____ Needs too much attention from teachers
____ Is a discipline problem at school
____ Is an underachiever
____ Procrastinates
____ Fails tests or quizzes
____ Is not prepared for tests
____ Does not remain on task
____ Performs below ability level
____ Is impulsive
____ Is easily distracted
____ Does not manage study time well
____ Does not like school
____ Skips school
____ Frequently gets sick in school
____ Is frequently late to school
____ Stretches out homework sessions beyond what is necessary

Other: _____

CURRENT GRADES:

Subject _____ Grade _____
Subject _____ Grade _____
Subject _____ Grade _____
Subject _____ Grade _____
Subject _____ Grade _____
Subject _____ Grade _____
Subject _____ Grade _____
Subject _____ Grade _____

Medication History for: _____ (Name of Child/Teen)

Please tell us about **ALL** drugs/medications your child/teen takes. **Include** "over-the-counter" medications (aspirin, antihistamines, cough syrup, vitamins, etc.) and homeopathic/herbal products.

Medication Name (brand or generic?)	Doctor's Name, Medical Specialty	Date Started	Condition for which medication is taken	Dose each time	Times per day	Time(s) of day taken?	Side effects?	Is the medication working?

1. Does your child/teen have any nutritional/recreational practices that could impact the medicine's effectiveness? Yes □ No □

   If so, please describe: _____

2. Has your child/teen taken medication (prescription or otherwise) that belonged to family members or friends? Yes □ No □

3. Has your child/teen ever had alcohol or any illegal/illicit drugs, such as marijuana? Yes □ No □

   If so, please describe: _____

4. Does your child/teen use any form of nicotine? Yes □ No □

   If so, please describe: _____

This form was completed by: _____ Date: _____

PERMISSION TO TREAT

I am legally authorized as the ( ) parent ( ) guardian of _____ to enroll him/her in Psychological services. I hereby authorize clinicians at Spencer H. Gelernter, Ph.D. and Associates to provide Psychological treatment and/or evaluation for _____.

Signature _____ Date _____

COUNSELING RELATIONSHIP

I understand that the counseling relationship will be kept strictly confidential, with the following exceptions: If I request that you share information about my child or me with someone else (a physician, counselor, teacher, etc.,), I will be asked to sign a release of information authorizing you to do so.

There are some circumstances under which a therapist is mandated by law to reveal information:

(1) If there is clear or imminent danger to me or to others, it will be necessary for my therapist to inform the authorities.
(2) If there is information regarding sexual or physical abuse involving a minor, my therapist is required to take appropriate action.
(3) If my therapist receives a court order to release confidential information, my therapist may be required by law to do so.

Signature _____ Date _____

PAYMENT POLICIES

I understand that I am fully responsible for payment on my (or my child's) account. I agree to pay fully for all services at the conclusion of each session. I understand that I will file for insurance benefits and any reimbursement by my insurance company is a negotiation between my insurance representative and myself.

Signature _____ Date _____

APPOINTMENT POLICY

I understand that when an appointment is scheduled for me, a specific period of time is set just for me. If I am late, my session cannot be extended beyond the time reserved for me, because it would infringe on the next patient's appointment time. I understand that I will be charged the full amount.

Signature _____ Date _____

CANCELLATION POLICY

I understand that the time reserved for me cannot be made available to anyone else. Therefore, I am responsible for providing at least a 24-hour notice to cancel an appointment. (Cancellation due to sickness is, of course, an exception.) I understand that I will be responsible for paying fully for all missed appointments not canceled at least 24 hours in advance. Except for the initial Parent Intake, please provide as much notice as possible, preferably 5 business days.

Signature _____ Date _____

While our office does not file for insurance benefits, it may be helpful to you if we keep current insurance information in your files should your insurance carrier request more complete information. We will be glad to make a copy of your insurance card.

Primary Insurance Company: _____ Effective Date: _____
Policy Holder: _____ Birthdate: _____
Relationship to patient: _____ Patient Birthdate: _____
Policy Holder's Social Security or Policy No: _____ Group No: _____
Claims Telephone No: _____Claims Address:_____

If my insurance company contacts Spencer H. Gelernter, Ph.D. and Associates,

_____ Do not release any information.

_____ Release only dates of appointments, clinician's names and diagnostic code.

_____ Release any information requested by my insurance company.

Signature _____ Date _____

7-21-11