MADELINE POLONIA, PSY.D., PSY17247
15525 Pomerado Road, Suite B-1
Poway, CA 92064

CHILD DATA FORM

Please complete the following form as accurately as possible so that I can have a better understanding of your child and what brings you here. Thank you.

IDENTIFYING INFORMATION

Today's Date _____
Child's Name _____ Gender ____ Age ____ Birth date _____
Grade _____ School _____ Ethnicity _____
Parent(s) Name(s) _____
Home Address _____
Home Phone _____ Work Phone _____ Cell Phone _____

CONTACT INFORMATION

Primary Care Physician _____ Phone _____
Psychiatrist _____ Phone _____
Emergency Contact _____ Relationship _____ Phone _____

PROBLEM IDENTIFICATION

What problem(s) or difficulties bring you here at this time?
_____
_____
_____
When did this problem(s) begin? _____
How have you tried to cope with this problem(s)?
_____
_____

PAST PSYCHIATRIC HISTORY

Has your child been in therapy before? _____ If yes, with whom? _____
How long did your child see the therapist? _____ Was therapy helpful? _____
Reason for termination? _____
Has your child ever been psychiatrically hospitalized? __ If so, please elaborate _____
_____

MEDICAL HISTORY

Height _____ Weight _____ Any concerns with weight? _____
Does your child have trouble sleeping? _____
Does your child have any current medical problems? Yes __ No __ If so, what is the nature of the problem? _____
_____
List all allergies your child has: _____
_____

MADELINE POLONIA, PSY.D., PSY17247
15525 Pomerado Road, Suite B-1
Poway, CA 92064

List all medications your child is taking:
Medication Dosage Reason
_____
_____

Family Health History

	This Child	Father	Mother	Sibling	Grandparent
Birth Defect					
Speech and Hearing Problem					
Epilepsy Seizures					
Cancer					
Diabetes					
Heart Disease					
Asthma					
Alcoholism					
Mental Retardation					
Depression					
Anxiety					
Other Mental Health Problems (Please Specify)					

DEVELOPMENTAL HISTORY
Pregnancy Full Term ___ Premature ___
Any complications during pregnancy? ____ If yes, please elaborate _____
_____
Any complications/problems at birth? ____ If yes, please elaborate _____
_____
As best as you can remember, at what age did your child do each of the following?
Crawl _____
Walk alone _____
Talk _____
Potty Trained _____

SCHOOL HISTORY
Did your child attend daycare as a preschooler? _____
How would you describe his/her adjustment to daycare? _____
_____
What kind of grades does your child make at school?
Excellent ____ Good ____ Fair ____ Poor ____

Has his/her performance declined recently? _____ If so, what has happened during this decline? _____
_____
Has your child ever repeated a grade? _____
Has your child ever been expelled or suspended? _____ If yes, please note the reason _____
_____

FRIENDSHIP/SOCIAL HISTORY
How does your child spend his/her free time? _____
What type of play does your child enjoy? _____
What are his/her special interests/hobbies? _____
How well does your child get along with other children? Very Well __ Good __ Fair __ Poor _
Does he/she have a best friend? ___ Age___ Gender ___
Are most of your child's friends: Older __ Younger __ Same Age ___ Same Gender ___ Opposite Gender ___ Both __
Does he/she participate in school and/or other activities? ____ If yes, please list the activities __
_____

DISCIPLINE
How is your child disciplined?

Praise ___	Time Out ___
Rewards and privileges ___	Scolding ____
Withholding rewards ___	Spanking ____
Other _____	

How does your child respond to the discipline techniques? _____
_____
Do you disagree with others in your home about discipline strategies? ___ If yes, please explain
_____

SYMPTOMS
Please check whether the following symptoms apply to your child (in the past or present)

	Past	Present
Fidgety		
Driven as if by a motor		
Gets into things that don't concern him/her		
Unable to stop a repetitive activity		
Unable to switch from one activity to another		
Irritable, quick tempered		
Overly excitable		
Easily distracted		
Problems finishing things		
Excessive daydreaming		
Fighting		
Hurting another person		

Destructive to things		
Cruel to animals		
Setting fires		
Stealing		
Running away from home		
Refuses to go to school		
Lying		
Fearfulness		
Afraid to go to school		
Afraid of animals		
Afraid of being away from parent		
Afraid of the dark		
Worrying		
Afraid he/she might get sick or hurt		
Afraid someone else might get sick or hurt		
Nightmares		
Gets upset at changes in routine		
Needs to have things done exactly in the same way		
Repeatedly checks that things are done		
Perfectionism		
Sadness/depression		
Pessimism		
Hopelessness		
Has thoughts about hurting himself/herself		
Weird/strange ideas		
Complains about weird feelings in body		
Has child ever been attacked or molested?		
Easily loses temper		
Throws or breaks things when angry		
Shy		
Feelings get easily hurt		
Doesn't mind well		
Defiant		
Rebellious		
Demanding		
Takes things that do not belong to him/her		
Involved in a gang or crew		
Experience any personal loss (person, pet, thing)		
Other		

Thank you for your cooperation! I look forward to working with you and your child.