## Background Information Form

### Neuropsychology and Clinical Psychology

Child’s Name: _______________________________  
Gender: _______________________________

Date of Birth: _______________________________  
Age: _______________________________

### Who currently lives at home with your child?

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Relationship to child</th>
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Does the child have any other siblings/half siblings who live elsewhere? If yes, list name, age and gender:

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Custody arrangements (if applicable): ______________________________________

### What schools has your child attended?

<table>
<thead>
<tr>
<th>Name of School / Centre</th>
<th>Dates</th>
<th>Grades</th>
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<tbody>
<tr>
<td>Out of home care (e.g. Day Care)</td>
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<tr>
<td>Preschool</td>
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<td>Primary</td>
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<tr>
<td>High School</td>
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</table>
Please describe your child’s strengths:
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________________________________________________________________________________
________________________________________________________________________________
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Please describe the concerns you have about your child:
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Please write down your goals for seeing a Psychologist:
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Please rate your child’s current functioning in the following areas:

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<th></th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
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<tr>
<td>Social</td>
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<td>Emotional</td>
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<td>Intellectual</td>
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<td>Language</td>
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<tr>
<td>Behavioural</td>
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</table>

Please provide details of any previous assessments that have been carried out (e.g. cognitive assessments, speech pathology assessments, etc.)?

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<tr>
<th>TEST</th>
<th>DATE</th>
<th>RESULTS</th>
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Please bring the results of any previous testing with you to the initial consultation.
Developmental History:

Were there any complications during the pregnancy (e.g. maternal illness, etc)?

________________________________

________________________________

___________________________

Term length:  □ Full  □ Premature ___ (wks)  □ Late ___ (wks)  Birth weight _____

Any complications during birth: ____________________________________________________

Did your child experience any issues after birth (e.g. jaundice, seizures etc)?

________________________________

________________________________

Describe your child’s temperament as an infant (e.g. placid, active, demanding etc): ______________________

________________________________

________________________________

________________________________

Did your child experience difficulties in any of the following areas during infancy or early childhood?:

□ Social          □ Physical Development          □ Cognitive Development
□ Emotional       □ Behavioural                 □ Toilet Training
□ Difficulty with separation □ Sleeping         □ Eating

Details: ________________________________________________________________

________________________________

________________________________

________________________________

At approximately what age were the following milestones achieved:

Sitting: __________   Crawling: _______   Walking: _______   Talking: _______

List any significant or traumatic events that occurred during infancy or early childhood (e.g., birth of sibling, death of family member, physical or sexual abuse, separation from parent, divorce etc):

________________________________

________________________________

________________________________

________________________________

Primary School Years:

List any difficulties during this time (e.g. social, emotional, behavioural, physical and cognitive development, difficulties starting school, or difficulties with separation)

________________________________

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________________________________
High School Years:

List any difficulties during this time (e.g. difficulty transitioning to high school, difficulties with relationships with peers, parents or teachers, bullying, issues with academic performance, etc)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Has your child received any special education assistance? □ Yes □ No

If yes, please provide details: _____________________________________________
________________________________________________________________________
________________________________________________________________________

Medical History

Does your child have any current medical conditions, illnesses or allergies? □ Yes □ No

Details: _________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Has your child's hearing been tested? □ Yes □ No Were any issues identified: □ Yes □ No

Details: _________________________________________________________________
________________________________________________________________________

Has your child's vision been tested? □ Yes □ No Were any issues identified: □ Yes □ No

Details: _________________________________________________________________
________________________________________________________________________
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Current medications your child takes (please list all):

<table>
<thead>
<tr>
<th>Name or type of medicine</th>
<th>Dose</th>
<th>Frequency</th>
<th>Who prescribes this medication</th>
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</table>

Has your child previously experienced any serious injuries, illnesses, or surgery? □ Yes □ No

If yes, provide details and approximate dates: ___________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Family History

Is there any family history of psychological, developmental or learning difficulties? □ Yes □ No

If yes, please provide details:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Psychological Treatment History

Has your child previously consulted a professional for any emotional or behavioural issues? □ Yes □ No

If yes, please provide details:

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________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Social Functioning

How does your child spend his/her free time?

________________________________________________________________________

________________________________________________________________________

What type of playmates does your child prefer (tick all that apply):

□ Older   □ Younger   □ Own age   □ All ages   □ Adults

How many friends does your child have? ________________________________

Does your child have a best friend? □ Yes □ No. If yes, how long have they been friends: _________

Does your child have trouble making or keeping friends? □ Yes □ No

If yes, please provide details:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Perceptions of the Issues

What do you think is contributing to your child's current presenting problems (e.g. recent change of school, etc.)?

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Please provide information about anything else that you think is important regarding your child

__________________________________________________________________________________

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Is there any sensitive information that you would prefer not to discuss in front of your child?

☐ Yes  ☐ No

If yes, we can discuss these issues while your child waits outside. You may wish to bring a book or something for them to do while they wait.

Thank you for taking the time to complete this questionnaire.

Completed by: _______________________________  Date: __________________