

Behavior history

Name: _____

Date: _____

Form filled out by: mom, dad, or guardian

Biological child? Yes Adopted Foster care Group home _____

1. Concerns: _____

2. How long the problems have been present? _____

3. Any mood swings anger outbursts anxiety issues? No Yes _____

4. Suicidal or self-harm issues? No Yes _____

5. Review of systems:

Body system	yes	no	Body system	yes	no	Body system	yes	no
Constitutional			ENT			Allergy/immunologic		
Eyes			Respiratory			Skin		
Endocrine			GI			Neurologic		
Cardiovascular			GU (bedwetting)			psychiatric		

6. Any sleep problems? No Yes _____

7. Past Medical History:

Any complications at birth? No Yes _____

Abnormal Health History? No Yes _____

Any Developmental delay? No Yes _____

Any known allergies? No Yes _____

On any medications now? No Yes _____

Psycho-Social Stressors? No Yes _____

8. Family History: Any Mental health problems? No Yes _____

9. Social History. Lives with _____

Has this child ever been removed from home (been in foster care)? No Yes _____

If you have answered Yes to any question, please use the reverse side and elaborate against corresponding number.

Revised 11/15/2018