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MEDICAL HISTORY SURVEY

Child's Name _____ DOB _____

Parent's Name _____ Date _____

MEDICAL HISTORY

Primary Problem (and age of onset) _____

Name of School _____

Present Grade _____ Any Grade Failures _____

PAST MEDICAL HISTORY

Current medications _____

Any chronic medical disorders: (Seizures, Asthma, Diabetes, etc.) _____

Ever had Psychological testing? If so, when? _____

Ever diagnosed with: (circle) *Learning Disability* *Hyperactivity* *Attention Deficit Disorder*
Tourette's Syndrome *Depression* *Anxiety Disorder*

Ever treated with: (circle) *Ritalin* *Adderall* *Vyvanse* *Focalin* *Zoloft* *Prozac*

DEVELOPMENTAL HISTORY

Birth weight: _____ lbs. _____ oz. Premature? How many weeks? _____

Problems at birth: _____

Manageability as infant: (circle) *Easy* *Occasionally demanding* *Very demanding*
Colicky *Fussy* *Easy sleeper* *Unpredictable sleeper* *Rarely slept*

First walked: (circle) *Early* *On time* *Late*

As a toddler: (circle) *Easy* *Demanding* *Appropriately curious* *Accident prone*

