



**School**

Grade:

Name of school:

When does school start and end? AM \_\_\_\_\_ PM \_\_\_\_\_

Which subjects are difficult for your child?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

How many years has your child had trouble with school? \_\_\_\_\_

Has your child ever had to repeat a grade and which grade? No \_\_\_ Yes \_\_\_

Which grade? \_\_\_\_\_

Has your child had any previous educational evaluation at school or with a psychologist? When: \_\_\_\_\_

Who: \_\_\_\_\_

\*Please provide any documentation from this visit

Does she or he receive any special tutoring or accommodations at the school?

No \_\_\_ Yes \_\_\_

If Yes:

\_\_\_\_\_  
\_\_\_\_\_

**Appetite**

Would you classify your child as a \_\_\_ good eater / \_\_\_ picky eater?

Does he or she take a daily vitamin? No \_\_\_ Yes \_\_\_

What if any special diets have you tried? \_\_\_\_\_

\_\_\_\_\_

**Sleep**

What time is bedtime? \_\_\_\_\_

What time does your child wake up each morning? \_\_\_\_\_

Problems with sleep (falling asleep, waking up, snoring): \_\_\_\_\_

Elaborate: \_\_\_\_\_

\_\_\_\_\_

**Development**

Was your child born prematurely? No \_\_\_ Yes \_\_\_

If yes: How many weeks?

Problems during the pregnancy? \_\_\_\_\_

\_\_\_\_\_

Problems in the nursery or first month of life? \_\_\_\_\_

\_\_\_\_\_

Were there any concerns with development before kindergarten? No \_\_\_ Yes \_\_\_

Elaborate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family**

Any major changes at home during the past year (i.e. death in the family, changing schools, etc)? No \_\_\_ Yes \_\_\_

Elaborate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Past Heart History**

Any history of passing out, racing heart beat, skipped heartbeats, or heart problems?

No \_\_\_ Yes \_\_\_

Elaborate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any family history of sudden unexplained death, heart problems at a young age, or irregular heart beats (arrhythmias)? No \_\_\_ Yes \_\_\_

If yes, who and what condition? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any additional information or questions for the doctor? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_