

## DEVELOPMENTAL HISTORY

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Name _____	Date _____	
1. As far as you know, were there any problems with your mother's pregnancy with you? If yes, please give details:	Yes	No
2. Were there any problems associated with her delivery of you? If yes, please give details:	Yes	No
3. Did your mother use alcohol or other drugs during the pregnancy? If yes, please give details:	Yes	No
4. Did your mother smoke cigarettes during the pregnancy? If yes, please give any details:	Yes	No
5. Did you have any significant delays in your development (i.e., in walking, talking, or sitting up)? If yes, please give details:	Yes	No
6. Did you have any serious childhood illnesses/diseases/ major surgeries? If yes, please give details:	Yes	No

(cont.)

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7. Did you have any problems getting along with other children when you were a child? Yes No  
If yes, please give details:

8. Please place a checkmark beside any of the following that you believe you had significant difficulties with as a child:

Defiant       Aggressive       Stubborn       Destructive

Hyperactive       Impulsive       Inattentive       Distractible

Shy       Withdrawn       Depressed       Anxious

Fearful       Lying       Stealing       Fighting

Learning       Language       Memory       Motor skills

Sleeping       Eating       Toilet training

Strange ideas (explain):

Strange behavior (explain):

## EMPLOYMENT HISTORY

Name \_\_\_\_\_ Date \_\_\_\_\_

1. What is your current employment status (circle one)?
 

a. Full time	c. Unemployed	e. Homemaker
b. Part time	d. Student	f. Disabled
2. What is your current occupation? \_\_\_\_\_
3. Who is your current employer? \_\_\_\_\_
4. How long have you worked in your present job? \_\_\_\_\_ years
5. Please give us your history of previous employment since completing your education:

Job title	Time on job (years)	Reason for leaving

6. What is your longest period of employment at one place? \_\_\_\_\_
7. Have you ever been fired from a job? Yes      No  
If yes, how many jobs were you fired from or asked to leave by your employer? \_\_\_\_\_
8. Have you served in the military? Yes      No  
If yes, please give details: \_\_\_\_\_
9. Briefly describe the types of problems you have experienced with work either at your current job or in the past:

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## HEALTH HISTORY

Name \_\_\_\_\_ Date \_\_\_\_\_

Have you ever had any of the following:

Type of problem	During childhood	Past as an adult	Currently
Allergies/asthma			
Heart problems			
Epilepsy or seizures			
High blood pressure			
Serious head injury			
Injury resulting in loss of consciousness			
Lead poisoning			
Broken bones			
Surgery			
Migraine headaches			
Thyroid condition			
Problems with vision			
Problems with hearing			
Diabetes			
Any other serious medical problems: (explain):			

Are you currently taking any medications? Yes No

If yes, please give details:

Please describe any other health difficulties you have experienced now or in the past:

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## SOCIAL HISTORY

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Name \_\_\_\_\_ Date \_\_\_\_\_

1. How would you describe your mood most of the time? (circle one)  
a. Cheerful/happy      b. Sad/depressed      c. Changes all the time  
d. Anxious/nervous      e. Angry/irritable      d. Bland/unfeeling
2. Do your moods change very frequently, abruptly, and/or unpredictably?      Yes      No  
If yes, please give details:
  
3. Do you have trouble making friends?      Yes      No
4. Do you have trouble keeping friends?      Yes      No
5. Do you have trouble in your relationships with others?      Yes      No  
If yes, please give details:
  
6. Do you have problems with your temper?      Yes      No  
If yes, please give details:
  
7. Do you have a driver's license?      Yes      No
8. Has your license ever been suspended?      Yes      No  
If so, please explain why:
  
9. How many speeding tickets have you ever gotten? \_\_\_\_\_
10. Have you ever been stopped for driving while intoxicated?      Yes      No  
If so, how many times? \_\_\_\_\_ Were you arrested?      Yes      No
11. How many car accidents, regardless of fault, have you ever been involved in? \_\_\_\_\_
12. How many times did your family move during your childhood and adolescent years? \_\_\_\_\_
13. How many times have you moved since leaving high school? \_\_\_\_\_
14. If you believe that you have attention deficit hyperactivity disorder, or ADHD, please tell us in what way have your ADHD symptoms interfered with your life?
  
15. In what ways have you tried to compensate for or cope with your deficits?

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