



CHILD HISTORY FORM

Date _____ Form was completed by Parent _____ Guardian _____

Child's Name _____ Date of Birth ____ / ____ / ____ Age ____

Address _____

City _____ State _____ Zip _____

Parent #1 _____

Occupation _____

Parent #2 _____

Occupation _____

E-mails _____

Primary Phones (____) _____ (____) _____

Client lives with _____

How did you learn about NDM? (be specific)

Is the client adopted? _____ If yes, at what age? _____ From a foreign country? (list) _____

Concerns:

List goals and expectations:



HISTORY (Birth to present)

If adopted, what was their pre-adoption environment? (history of abuse or neglect?)

Gestational/Birth information – (if known)

Client's birth weight _____ lbs. _____ ozs. Length of pregnancy _____

Pregnancy complications (list/describe)

Birth and/or delivery complications (list/describe)

Accidents (blows to the head, broken limbs), (list/describe)

Illnesses, including ear infections/respiratory problems, high fevers (list ages involved/describe)



Surgeries/hospitalizations (identify, including age at time)

Seizures (list ages and describe in detail)

Current Medications (include dosage)

DEVELOPMENTAL - indicate the age in months and years these developmental steps were achieved

Crawled (on stomach) _____

Crept (on hands and knees) _____

Walked _____

Toilet trained _____

First word _____

Use of two word couplets _____

PHYSICAL - Give insight and comments for the following areas

Muscle tone (low or high) _____

Gross motor _____

Fine motor _____

Balance _____

Walking/running _____

Bedwetting _____



Articulation _____

Stammer/stutter _____

ACADEMICS - indicate if there are any concerns in the following areas and current grade level

Reading fluency _____

Reading comprehension _____

Letter reversals/mirror writing _____

Language fluency _____

Math computation _____

Math concepts _____

Math word problems _____

Memory _____

Logical thinking _____

Poor at testing _____

Stress _____

BEHAVIOR - note on a scale of 0-5 (0 indicating no concern and 5 indicating highest level of concern)

Short attention span _____ Difficulty following directions _____

Hyperactive _____ Difficulty with parents _____

Hypoactive _____ Difficulty with siblings _____

Rigid or inflexible _____ Difficulty with peers _____

Impulsive _____ Difficulty with teachers _____

Explosive _____ Few or no friends _____

Anger (not explosive) _____ Socially immature _____

Aggressive _____ Perseveration (endless repetition) _____

Destructive _____ Frustrated easily _____



MEDICAL AND EDUCATIONAL EVALUATIONS AND DIAGNOSES

Summarize diagnosis, label or classifications given

OTHER THERAPIES

List other therapies done (speech, vision therapy, auditory/listening programs, etc.)

List daily time available and who will be helping complete the program designed for client

NDM Consultants use NeuroDevelopmental Movement programs to address emotional, behavioral, academic, and motor concerns. Programs are individualized for each client. Programs are not medical, therapeutic, or psychological prescriptions. Program recommendations are offered for the client and families' review and education. Application of the program is the responsibility of the client and family. Practitioners of NeuroDevelopmental Movement are not licensed to practice medicine. If medical or other licensed professional advice is needed, the family is urged to consult a licensed physician or other licensed professional.

I acknowledge that I have read and completed this information to the best of my knowledge and ability, and that I understand that neither NDMC, nor those trained by or employed by NDMC, are assuming responsibility of liability for the client, and that I, as parent or guardian, assume full responsibility.

Signature _____ Date _____

Signature _____ Date _____