



## 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 \_\_\_\_\_