



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

NDMC uses 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. NDM practitioners 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.

I agree that my typed name below is the legal equivalent of my written signature.

Signature _____ Date _____

Signature _____ Date _____