

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)	<hr/>
Crept (on hands and knees)	<hr/>
Walked	<hr/>
Toilet trained	<hr/>
First word	<hr/>
Use of two word couplets	<hr/>

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 _____