

**HARRIET GREENSTONE, MA, OPQ, Ph.D.**  
**Club Tiny Tots - Psychologist - Psychologue**

**Date:**

**I. BACKGROUND INFORMATION:**

Child's name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Referred by: \_\_\_\_\_

Parents' names: (Father) \_\_\_\_\_ Mother \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

**Please note that if you are separated or divorced, you must obtain written release from your spouse CONFIRMING YOUR KNOWLEDGE AND CONSENT FOR Harriet Greenstone To see your child.**

Child's address:

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

CELL: \_\_\_\_\_

ANY OTHER NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

Name of Paediatrician: \_\_\_\_\_

Have any of the following professionals assessed or treated your child?

Occupational Therapist _____	Psychologist _____
Physiotherapist _____	Special Educator _____
Speech Therapist _____	Psychiatrist _____
Social Worker _____	Others _____

Presenting **PROBLEM** or **DIAGNOSIS** in your own words: \_\_\_\_\_

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## II. PRENATAL HISTORY

List any pregnancy complications and the month of pregnancy during which they occurred. (Examples: high blood pressure, swollen ankles, German measles, toxemia, Rh incompatibility, and any other diseases the mother may have had.)

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Did the mother have any hospitalizations or surgeries during pregnancy? If so, state the reason:

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Were any medications, drugs, alcohol, or tobacco taken during pregnancy?

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**III. NATAL AND PERINATAL HISTORY:**

Were there any unusual circumstances when giving birth? (Examples: forceps, Caesarean section, umbilical cord wrapped around the baby's neck, breathing problems, unusual color of skin, etc.) Please describe:

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Did the infant receive any special treatment? (Examples: blood transfusion, oxygen, medications, use of incubator):

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**IV. EARLY DEVELOPMENT**

Were there any feeding problems? Describe (Examples: sucking, swallowing, special feeding formula.)

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**At what age did the child:**

First sit without support \_\_\_\_\_

Stand without support \_\_\_\_\_

Walk without support \_\_\_\_\_

Babble and coo \_\_\_\_\_

Put together words meaningfully (give examples) \_\_\_\_\_

Talk in complete sentences? \_\_\_\_\_

Understand simple instructions? \_\_\_\_\_

Become toilet trained? \_\_\_\_\_

Stop bed wetting completely? \_\_\_\_\_

Undress himself? \_\_\_\_\_

Dress himself? \_\_\_\_\_

Did the child cry excessively? \_\_\_\_\_

Was the child unusually quiet? \_\_\_\_\_

Were there any unusual growth patterns (height or weight)?  
Describe.

\_\_\_\_\_  
\_\_\_\_\_

Does the child experience any sleep difficulties, i.e. snoring,  
sleep apnea, etc..

\_\_\_\_\_  
\_\_\_\_\_

Is your child colour-blind? \_\_\_\_\_

#### **V. SOCIAL AND EMOTIONAL DEVELOPMENT**

How does the child interact with peers? (e.g.: shy, aggressive)

\_\_\_\_\_  
\_\_\_\_\_

How does the child interact with siblings? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What does your child like to play with? (Favorite toys etc).

\_\_\_\_\_  
\_\_\_\_\_

How does the child respond to frustration? \_\_\_\_\_

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**VI. MEDICAL HISTORY**

State the medications that the child is currently taking.

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State the diseases and illnesses experienced by the child.

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Does the child have any allergies? If so, which ones?

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List the surgeries experienced by the child. Include dates, reasons, and the length of hospitalizations. \_\_\_\_\_

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Has the child ever had high fevers? Did the child experience convulsions as a result? \_\_\_\_\_

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Has the child ever sustained a head injury? Did the child lose consciousness? \_\_\_\_\_

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Has the child ever had seizures? \_\_\_\_\_

Does the child require any specialized medical equipment? (E.g.: braces, wheelchair, hearing aids). \_\_\_\_\_

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**VII. FAMILY**

Members of the household

<b>NAME</b>	<b>AGE</b>	<b>RELATIONSHIP TO THE CHILD</b> (indicate whether biological, step or half-sibling)	<b>OCCUPATION</b>
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Other people significant in the child's life? \_\_\_\_\_

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Do/Did any family members or close relatives have/had any of the following disorders?

Neurological diseases? \_\_\_\_\_

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Academic problems? \_\_\_\_\_

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Seizure disorders? \_\_\_\_\_

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Visual problems? \_\_\_\_\_

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Do\Did any family members or close relatives have/had any of the following disorders: (continued).....

Medical problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hearing problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Speech problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Delayed development? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Learning problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments you would like to add.  
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\_\_\_\_\_  
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