COLLEGE OF MEDICINE *Jacksonville*
Department of Psychiatry
Child & Adolescent

6266 Dupont Station Ct
Jacksonville, Fl 32217
Phone 904-383-1038
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Date of Appointment: _____
Chronologic Age: _____

_____

Child & Adolescent Patient History Questionnaire

Nickname?
Date of Birth:

Relationship: (step, adoptive, foster, etc)
Address:
Home and/or Cell Phone:

Relationship: (step, adoptive, foster, etc)
Address:
Home and/or Cell Phone:

Referred By:

What Are Your Concerns About Your Child?

Past Psychiatric History

Has your child ever seen a psychiatrist? If so, please provide information about providers, dates, and treatment rendered.

_____

_____

_____

5.		
6.		
7.		
8.		
9.		
10.		

Past Medical History:

Primary Care Physician:
Clinic Name, Address, and Phone #:

Current Medical Diagnoses *i.e. asthma, diabetes, seizures, etc*	Treatment?
1.	
2.	
3.	
4.	

Previous Surgeries	Approximate Date	Location/Hospital
1.		
2.		

3.

Due Date:	Birth Date:
Hospital:	City, State:
Vaginal or C-Section?	Forceps or Vacuum Assisted?
Anesthesia? Epidural, Spinal, General, IV, None	Length of Labor?
APGAR Scores?	Birth Weight?
Complications During Delivery?	

Neonatal History:

Was your baby in the NICU?	How long did your baby stay in the hospital?
Did your baby have any nursery complications? Jaundice? Feeding problems? Infections?	Did your baby require resuscitation or oxygen?

Milestones: Please provide the age (in months) when your child attained the following milestone.

Sit unassisted	Hand-knee crawl
Walk independently	Pedal a trike
Finger feed	Toilet trained

Name:	Name:
DOB:	DOB:
Education Level:	Education Level:
Occupation/Employment:	Occupation/Employment:
Medical History:	Medical History:
Psychiatric History:	Psychiatric History:

Siblings					
Name	DOB & Age	Relationship *(full,1/2,step,etc)*	Grade	Medical Problems?	Psychiatric Problems?

Family History: Please indicate if there is a family history of the following conditions and who is affected with the condition.

Years	Grades	School Name

Anti Depressants	Response (Good, Fair, Poor)	Antipsychotic	Response