THE TALCOTT CENTER FOR child DEVELOPMENT

230 Farmington Ave, Farmington, CT 06032
www.thetalcottcenter.com contact@thetalcottcenter.com

CONFIDENTIAL PERSONAL HISTORY.

Today's Date: _____ Completed by: _____

IDENTIFYING INFORMATION:

Child's Name: _____ Date of Birth:_____ Age:_____
Address: _____ Gender:_____ Ethnicity_____
City, State, Zip: _____ Primary language spoken at home:_____
_____ Names/Ages of Siblings:_____
School: _____ _____
Grade: _____ Medical Precautions/Allergies:_____
_____

CONTACT INFORMATION:

Mother's/ Guardian's Name: _____ Father's/ Guardian's Name:_____
Address:_____ Address:_____
_____ _____
Home#:_____Cell#:_____ Home#:_____Cell#:_____
Email Address:_____ Email Address:_____
Add email address to Talcott mailing list: Yes ,No Add email address to Talcott mailing list: Yes,No
Occupation:_____ Occupation:_____
Place of employment:_____ Place of employment:_____
_____ _____
Work#:_____ Work#:_____
Please check if insurance carrier☐-DOB_____ Please check if insurance carrier☐ -DOB_____
Insurance ID: Number_____ Insurance ID: Number_____

Child's Primary Care Physician:_____ Emergency Contact:_____
_____ Relationship/ Phone#:_____
Phone#:_____ How did you hear about The Talcott Center?___
Address:_____ _____

PERSONALITY PROFILE:

Please identify your child's gifts/strengths- _____

_____

_____

What are the presenting problems for your child? Please describe-(All categories below may not apply)

Academic:

_____

_____

Activities of daily living (i.e. dressing, eating):_____

_____

Sensory processing:

_____

_____

Motor Development:

_____

_____

Play: _____

_____

Language Development: _____

_____

Social Skills: _____

_____

Other:

_____

_____

What do you hope to gain from child's evaluation/treatment at The Talcott Center?

_____

_____

BIRTH HISTORY:

Pregnancy-

1. Where there any injuries/illnesses during pregnancy? Yes□ No□
   Describe:
   _____
2. Where there any shocks or unusual stressors during pregnancy? Yes□ No□
   Describe:
   _____

3. Where any medications utilized during pregnancy? Yes□ No□
   Describe:
   _____
   Describe:
   _____

4. Any complications present during labor or delivery? Yes□ No□
   Describe: _____

Length of labor: _____ Comments: _____
Premature: Yes□ No□ Comments: _____
Weeks of gestation: _____ Birth weight: _____
Forceps used: Yes□ No□ Suction used: Yes□ No□
Caesarean birth: Yes□ No□ Reason: _____
Birth injuries: Yes□ No□ Describe: _____
Intensive Care Required? Yes□ No□ Duration: _____ Reason: _____

Adoption –
Age when adopted: _____Adopted from: _____
Describe the circumstances surrounding your child's adoption: _____
_____
Child's response to their new home/ family: _____
_____
Is your child aware of his/her adoption? Yes□ No□

MEDICAL HISTORY:
Does your child have a formal diagnosis? Yes□ No□ Diagnosis: _____
Professional who diagnosed your child: _____Date of diagnosis: _____
Is there a family history of the same diagnosis, or similar diagnosis? Yes□ No□ Whom? _____

Please check and describe all applicable, providing dates as known:

Ear infections? Yes□ No□ _____ Tubes? Yes□ No□ _____
Casts/ Orthotics? Yes□ No□ _____ Surgery? Yes□ No□ _____
Seizures? Yes□ No□ _____ Serious Injuries: Yes□ No□ _____
Serious Illness? Yes□ No□ _____ Other: _____
Are there any other medical illnesses or conditions which your child has been diagnosed with? Yes□ No□
Please describe: _____

Please list any medications your child has taken in the past or is taking presently:

Medication: _____ Purpose: _____ Dates Taken: _____Freq/ Dose: _____

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PREVIOUS TESTING AND TREATMENT:

Has your child had any previous assessments and/or treatment? Please attach recent and relevant reports.

	ASSESSMENTS			**TREATMENT**		
	YES	**NO**	**Professional/Date/Location**	**Yes**	**No**	**Professional/Date/Location**
Speech	□	□	_____	□	□	_____
Audiological	□	□	_____	□	□	_____
Educational	□	□	_____	□	□	_____
Psychological	□	□	_____	□	□	_____
Neuropsch.	□	□	_____	□	□	_____
Behavioral	□	□	_____	□	□	_____
Occ.Therapy	□	□	_____	□	□	_____
Phy. Therapy	□	□	_____	□	□	_____
Vision	□	□	_____	□	□	_____
Other:	□	□	_____	□	□	_____

Please list all current services that your child is receiving from their school district:

_____

_____

Does your child receive/require 1:1 paraprofessional support within their educational program?

Yes□ No□

DEVELOPMENTAL MILESTONES:

(Please provide approximate ages if remembered)

Roll over: _____ Sit alone: _____ Crawl: _____ Walk: _____

Run: _____ Toilet Trained: _____ Say words: _____ Say Sentences: _____

Chew solid food: _____Drink from a cup: _____ Feed self with utensils: _____

Was crawling phase brief: Yes□ No□/ Absent Yes□ No□: Hand Dominance: Right□ Left□

Does your child have any feeding concerns? Yes□ No□ Is your child a picky eater? Yes□ No□

Describe eating/feeding habits or concerns noted: _____

_____

_____

How does your child handle transitions (unexpected or planned changes in routines)? _____
_____
_____
_____

SPEECH AND LANGUAGE DEVELOPMENT:
How would you describe your child's speech and language development? Typical□ Delayed□ Advanced□
Do you or others have difficulty understanding what your child says? Yes□ No□
What were your child's first words and age(s) spoken? _____

Is there a language other than English spoken at home? Yes□ No□ If yes, which one? _____
Does your child speak this language? Yes□ No□ Does your child understand this language? Yes□ No□
Who speaks this language at home? _____

How does your child usually communicate (gestures, single words, short phrases, sentences)? _____
_____

Is your child aware of, or frustrated by, any speech/ language difficulties? _____
_____

List approximate ages your child began to do the following:
Use single words (e.g., no, mom, doggie) _____
Combine words (e.g., me go, daddy shoe) _____
Name simple objects (e.g., dog, car, and tree) _____
Use simple questions (e.g., Where's doggie) _____
Engage in a conversation _____

Does your child:
□ repeat words, sounds, phases over
□ understand what you're saying
□ Point to common objects upon request
□ Follow simple direction
□ Respond correctly to yes/no questions
□ Respond correctly to who/what/why?

GOALS:
In order for The Talcott Center to best meet the needs of your child, please identify the goals for your child's program. Please be as specific as possible:

1) _____
_____
2) _____
_____
3) _____
_____
4) _____
_____