



**PEDIATRIC HEALTHCARE, LLC**  
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### **MEDICAL HISTORY SURVEY**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

#### **MEDICAL HISTORY**

Primary Problem:

Age at onset of problem:

School and current grade level:

Any grade failures? \_\_\_\_\_

#### **PAST MEDICAL HISTORY**

Current medications:

Any chronic medical disorders: (Seizures, Asthma, Diabetes, etc.)

Ear infections in past: (circle one)    1-3                      more than 4                      more than 8

Any ear surgery:

Recent hearing testing? If so, when? \_\_\_\_\_

\_\_\_\_\_

Ever had Psychological testing? If so, when?

Ever diagnosed with: (circle) Learning Disability    Hyperactivity    Attention Deficit Disorder

Tourette's Syndrome    Habitual Tics    Depression    Anxiety Disorder

Ever treated with: (circle) Ritalin    Cylert    Adderell    Dexedrine    Tofranil    Mellaril

#### **DEVELOPMENTAL HISTORY**

Birth weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz.    Premature? If so, how much?

Problems in nursery:

Manageability as infant: (circle) Easy    Occasionally demanding    Very demanding

Colicky    Fussy    Easy sleeper    Unpredictable sleeper    Rarely slept

First walked: (circle) Early    On time    Late

As a toddler: (circle) Easy    Demanding    Appropriately Curious    Accident prone

**FAMILY HISTORY**

Siblings and their ages: \_\_\_\_\_

Marital disruptions: (circle) Divorce          Separation          Remarriage

If so, when?

Recent family moves:

Family history of medical disorders: (circle) Attention Deficit Disorder          Depression

Tourette's Syndrome          Habitual Tics          Schizophrenia

Does your child's problem resemble problems you or your spouse experienced as a child?

If so, explain: \_\_\_\_\_

**BEHAVIORAL SURVEY**

Please complete the following. Place a check in the blank/s if the behavior is often characteristic of your child.

- \_\_\_\_\_ Often fidgets with hands or feet or squirms in seat.
- \_\_\_\_\_ Has difficulty remaining seated when required to do so.
- \_\_\_\_\_ Is easily distracted by extraneous stimuli.
- \_\_\_\_\_ Has difficulty awaiting turn in games or group situations.
- \_\_\_\_\_ Often blurts out answers to questions before the questions have been completed.
- \_\_\_\_\_ Has difficulty following through on instructions from others, but the difficulty is not due to oppositional behavior or failure to comprehend.
- \_\_\_\_\_ Has difficulty sustaining attention in tasks or play activities.
- \_\_\_\_\_ Often shifts from one activity to another.
- \_\_\_\_\_ Has difficulty playing quietly.
- \_\_\_\_\_ Often talks excessively.
- \_\_\_\_\_ Often interrupts or intrudes on others.
- \_\_\_\_\_ Often does not seem to listen to what is being said.
- \_\_\_\_\_ Often loses things necessary for tasks or activities at school or at home.
- \_\_\_\_\_ Often engages in physically dangerous activities but not for the purpose of thrill-seeking, without considering possible consequences.

The age at which the above behavior became noticeable was \_\_\_\_\_ years.