

Patient Name _____

Date _____

Supplemental Pediatric Information

The following questions relate to your child's development. Be as complete as you can be. If you need additional space, please attach additional page(s) and write in the number of the question you are answering.

77. Did the patient have any problems in the newborn period? Yes No a. If YES, Describe:

78. Developmental Milestones:

(Please mark those things the patient can do, and the age at which she/he learned it. Respond in months, or years and months. If you cannot remember the exact age, list the approximate age. Example: Age: 2 months OR 3 years 4 months).

a. Motor Development and Coordination:

Rolls over Yes No
 Crawls Yes No
 Sits without support Yes No
 Stands alone Yes No

If yes, Age:

Walks alone Yes No
 Climbs stairs Yes No
 Runs Yes No
 Rides a bike Yes No

If yes, Age:

b. Fine Motor and Self-Care Skills:

Grasps objects within reach Yes No
 Transfers objects from hand to hand Yes No
 Picks up small objects (Cheerios) Yes No
 Uses spoon or fork to feed self Yes No
 Can dress self, except tying shoes Yes No
 Uses pencil/crayon to draw recognizable pictures Yes No
 Prints letters Yes No
 Can print or write name Yes No
 Is toilet trained Yes No
 Can care for self with minimal supervision Yes No
 Ties shoes Yes No

If yes, Age:

c. Language Skills:

Coos or gurgles Yes No
 Imitates sounds (babbling that sounds like real words) Yes No
 Says single words Yes No
 Says sentences Yes No
 Understands and can comply with simple commands ("Sit down") Yes No
 Follows directions of 2-3 parts ("Go to your room", "Pick up your toys") Yes No
 Counts Yes No
 Reads Yes No
 Does simple math Yes No
 Tells time Yes No

If yes, Age:

79. How long will the patient stay with an activity she/he enjoys?(approx. # of minutes) _____

80. Do you think the patient's development is normal? Yes No

81. Behavior: (Please mark any term that you think describes the patient at least half of the time.)

- Active child Cries easily Has a strong temper Irritable Poor self-esteem Talkative
 Aggressive Depressed Helpful Moody Selfish Wide mood swings
 Attentive Easygoing Hyperactive No confidence Short attention span Withdrawn
 Cooperative Friendly Impulsive Over dependent Shy

82. Do you have concern's about the patient's behavior? Yes No

83. Do you consider the patient's school work to be satisfactory? Yes No

84. Has the patient missed more than 5 days of school in the past year? Yes No

85. Has the patient missed more than 5 days of school due to her/his seizures in the past year? Yes No

86. Who are the patient's family members?

Name:	Age:	Relation:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____